

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 0000 Station No. 2

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000001</u>	Exp. No.	MO. <u>01</u>	DAY <u>18</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>0005</u>	TIME — "IN SERVICE" <u>0009</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Libanon</u>		TYPE	ZIP CODE <u>02941</u>	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME E 5431.1, 2 SUCTION HOSE USED Yellow 1.5

TRUCK NO. <u>61</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. C. Wilson</u>				<u>1st Hunt</u>
<u>D. P. B. L. L.</u>				<u>E. Ricci</u>
<u>R. Paulin</u>				<u>E. D. Gault</u>
				<u>R. D. M. P. M.</u>
				<u>L. S. M. S.</u>
				<u>B. Lincoln</u>
				<u>T. McNeill</u>

INCIDENT

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

This report forwarded to headquarters on Jan 1, 19 84 by K. C. Wilson

902F

Shift A Co. No. 00000 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000002		01	01	84	Sunday	12 54	2 54
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	242		WARTERMIN			708	0394	

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

INCIDENT

This report forwarded to headquarters on 1-1, 1946 by OTC 46-17

902F

Shift

Co. No.

Station No.

 Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000003		01	01	84	Sunday	10307	0324
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	342		Waterman Ave				22941	

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on Jan 1, 1984 by R. Lince

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 4 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00007000</u>	Exp. No.	MO. <u>10</u>	DAY <u>1</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>2042</u>	TIME - "IN SERVICE" <u>2046</u>
CORRECT ADDRESS:		NO. <u>564</u>	DIR.	NAME <u>Smithfield</u>		TYPE <u>RD</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>2043</u>

C/Y E-4

COMPILED SERVICE

Oakwood Garden Apts.

(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 PUMPHrs.Min.				
	CTC					

(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. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Bazzile</u>			<u>C-23</u>	<u>[REDACTED]</u>
<u>Lt. Coppola</u>				<u>K. Mayers</u>
<u>T. McNeil</u>				<u>T. Wheeler</u>
<u>T. Casalino</u>				<u>B. Lincoln</u>
<u>R. Douglas</u>				<u>D. DeStefano</u>
				<u>B. Paulin</u>
				<u>T. Gregson</u>

INCIDENT

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

This report forwarded to headquarters on 1-1, 19 83 by Lt. Coppola

902F

Shift _____ Co. No. 3 Station No. 7

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	00008		1	2	84	MONDAY	0824	0834
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1840		MINERAL SPRING			AD	02904	

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-2-54, 1954 by LT-Cic

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 6 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000009</u>	Exp. No.	MO. <u>01</u>	DAY <u>02</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>12 15 25</u>	TIME - "IN SERVICE" <u>1 5 54</u>
CORRECT ADDRESS: <u>1 91 ELIZABETH</u>		NO.	DIR.	NAME		TYPE <u>ST</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1526</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME _____ SUCTION HOSE USED _____

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>W. HINES</u>				<u>CHIEF MURPHY</u>
<u>K. ERICKSON</u>				<u>CAPT. MARWELL</u>
				<u>LT. CICERONE</u>
				<u>D. DI IORIO</u>
				<u>J. LAURIE</u>
				<u>M. MURPHY</u>
				<u>R. PAULIN</u>
				<u>E. DI GIULIO</u>

INCIDENT

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

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

902F

Shift _____ Co. No. _____ Station No. _____

☐ Revised Report

FD ID 02400	INCIDENT NO. 000010	Exp. No.	MO. 01	DAY 02	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 21620	TIME — "IN SERVICE" 1632	
CORRECT ADDRESS:		NO. 18	DIR.	NAME SOUTH		TYPE BROOKS, DEAN	ZIP CODE 02911	SIG 1 TIME 1621	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	1	BOOSTER	50		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. 5.....Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 1-2-, 1984 by CAPT MARWELL

INCIDENT

10

902F

Shift

Co. No.

Station No.

Revised Report

COMPILED SERVICE

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-3, 19 81 by K. Zeeck

902F

Shift 1 Co. No. 7 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000015		01	03	84	TU=SDAY 13	1302	1338
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE
	1921		M. S. A					
							SIG 1 TIME	1302

MED-AID

(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 PUMPHrs.Min.				
	CTC					

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

1-3

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2

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	00019		01	03	64	Tuesday	3:14	2:02
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1967		Munich Springs			MAN	02904	1:54

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		1 1/2 INCH			
	PUMP TANKS		2 1/2 INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1/3/54, 1954 by Patrol Officer

INCIDENT I

902F

Shift

Co. No.

Station No.

Revised Report

Box - 7446

COMPILED SERVICE *E-5,4,3 L-2-1 9/4 E5*

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on January 4, 1984 by Ltjha M. Moran

INCIDENT 000016

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	17		01	24	84	Wednesday	4:27	0:32
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	14		Cranbrook			AL	02941	

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 PUMPHrs.Min.				
	CTC					

(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
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[illegible]

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

This report forwarded to headquarters on January 4, 1984 by Thomas M. Tran

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 13 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000018</u>	Exp. No.	MO. <u>01</u>	DAY <u>04</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>4:10:54</u>	TIME - "IN SERVICE" <u>11:00</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>WATERMAN</u>			TYPE <u>4</u>	ZIP CODE <u>02911</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. W. Amico</u>				<u>St. Phillips</u>
<u>P. Scandurra</u>				<u>St. St. Basil</u>
<u>A. Rossi</u>				<u>J. Silva</u>
				<u>A. Vasquez</u>
				<u>P. Giannone</u>

INCIDENT

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

This report forwarded to headquarters on 1-4, 1984 by Capt. W. Amico

902F

Shift 1 Co. No. 1 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000021		01	04	84	WED	4:12	1:25
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1905		M S D				02911	1317

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 1-4, 1904 by A. J. Williams

INCIDENT

000021

902F

Shift

Co. No.

Station No.

Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	21		01	04	84	WEDNESDAY	12:37	8:23
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
1	33		MILK			1		3:35

Diff. in Bleeding

(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.				

(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

[illegible]

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

This report forwarded to headquarters on 1-7, 1945 by APR Taffoch

INCIDENT

2

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A"

Co. No. 16

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000023</u>	Exp. No.	MO <u>01</u>	DAY <u>04</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WEDNESDAY</u>	ALARM TIME <u>4:23:48</u>	TIME - "IN SERVICE" <u>00:16</u>
CORRECT ADDRESS: <u>Res 1</u>		NO. <u>33</u>	DIR.	NAME <u>Redfern</u>		TYPE <u>5.1</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>23.51</u>

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 PUMPHrs.Min.				
	CTC					

(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
<u>Res 1</u>				
<u>R. DiMarzio</u>				
<u>L. Sanchez</u>				
	<u>SAME</u>		<u>15</u>	
	<u>#15</u>			

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

This report forwarded to headquarters on 1-4

, 19 84

by Capt LaRocca

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

19

by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 18 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
				<u>HIGHLAND</u>		<u>1A</u>		<u>1057</u>

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 PUMPHrs.Min.				
	CTC					

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

RESCUE TRUCK NO. <u>1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>J GREGSON</u>				<u>LT CAPALDI</u>
<u>J CASALINO</u>				<u>LT BAZZE</u>
<u>P. Rochefort</u>				<u>K O MADA</u>
				<u>J. Desforges</u>
				<u>R PONTE</u>
				<u>J. GRANDE</u>
				<u>K. MAYERS</u>
				<u>B. PAULIN</u>
				<u>Chief MURPHY</u>

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

This report forwarded to headquarters on JANUARY 5, 19 84 by J. E. J.

INCIDENT

902F

Shift 19 Co. No. 19 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000025	00	01	06	84	Friday	0109	0120
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	3		Vineland			4	0284	

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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on 1-6, 19 89 by L. Capaldi

INCIDENT

902F

Shift 2 Co. No. 20 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"
02400	00003500	0106	84	Friday	6	0109	0150	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	3		Vineland			54	0294	0112

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-6, 19 84 by Lt Cope/di

INCIDENT _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 21 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000026</u>	Exp. No. <u>00</u>	MO. <u>01</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>0128</u>	TIME - "IN SERVICE" <u>0136</u>
CORRECT ADDRESS: <u>8055</u>		NO. <u>DIR</u>		NAME <u>Smith</u>		TYPE <u>ST</u>		ZIP CODE <u>02911</u>

Medical Aid & R-2

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>E-1</u>				
<u>Lt. Capaldi</u>				<u>Lt. Bazzle</u>
<u>J. Grande</u>				<u>K. Mayers</u>
<u>K. Omara</u>				<u>B. Pablin</u>
<u>J. Wheeler</u>				<u>J. McNeil</u>
				<u>J. Gregson</u>
				<u>J. Costantino</u>

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

This report forwarded to headquarters on 1-6, 19 84 by Lt. Capaldi

INCIDENT

26

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 02400	INCIDENT NO. <u>000029</u>	Exp. No.	MO. <u>01</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>62036</u>	TIME - "IN SERVICE" <u>2039</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>WOON + CHANDLER ST</u>		TYPE	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. MARWEIL</u>	<u>LT. Cicerone</u>		<u>J. LAURIE</u>	<u>CHIEF MURPHY</u>
<u>D. BAZZIE</u>	<u>D. D. Iorio</u>		<u>P. LABBADIA</u>	<u>K. ERICKSON</u>
<u>J. McNeill</u>	<u>R. PAULIN</u>			<u>B. HINES</u>
	<u>D. DESTEFANO</u>			<u>M. PATULLO</u>

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

This report forwarded to headquarters on 1-26, 1983 by CAPT. MARWEIL

INCIDENT

29

902F

Shift 2 Co. No. 25 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 09035	Exp. No.	MO. 9	DAY 1	YEAR 96	DAY OF THE WEEK FRIDAY	ALARM TIME 6 22 40	TIME - "IN SERVICE" 23 29
CORRECT ADDRESS:	NO. 1874	DIR.	NAME MINERAL SPRING			TYPE A	ZIP CODE 02904	SIG 1 TIME 22 40

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-6, 19 83 by [Signature]

INCIDENT

000 35

902F

Shift

Co. No.

Station No. _____

Revised Report

COMPILED SERVICE

[illegible]

This report forwarded to headquarters on 1-6-, 1953 by CAPT. MARWELL

INCIDENT

W
O

902F

Shift C Co. No. 90 Station No. 1 ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	000036		01	07	83	SATURDAY	7:01:26	0154	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1874		MINERAL			SPRINGALE	02904	0127	

(A) EXTINGUISHERS

(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 PUMPHrs.Min.				
	CTC					

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on 1-15, 1953 by [Signature]

INCIDENT

5000

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-2-, 1953 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 27 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000 032</u>	Exp. No.	MO. <u>01</u>	DAY <u>07</u>	YEAR <u>83</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7 02 47</u>	TIME - "IN SERVICE" <u>03 07</u>
CORRECT ADDRESS: <u>31</u>		NO.	DIR.	NAME <u>WRIGHT</u>		TYPE <u>ST</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>0250</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>R-1</u>	TRUCK NO. _____	ON SCENE	STATION
SAME AS CO # 26				

INCIDENT

32

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

This report forwarded to headquarters on 1-7-, 19 83 by CAPT. MARWELL

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-1-53 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 29

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000041</u>	Exp. No.	MO. <u>01</u>	DAY <u>07</u>	YEAR <u>83</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>7:14:00</u>	TIME - "IN SERVICE" <u>4:37</u>
CORRECT ADDRESS:		NO. <u>7</u>	DIR. <u>Hawthorn</u>	NAME		TYPE <u>ST</u>	ZIP CODE	SIG 1 TIME <u>1401</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>R-1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>J. McNeil</u>				<u>Capt. Russo</u>
<u>P. Radecki</u>				<u>Lt. Doyle</u>
				<u>R. Ponte</u>
				<u>S. Horan</u>
				<u>D. Doyle</u>
				<u>P. Labbadia</u>
				<u>D. Destefano</u>
				<u>R. Paulin</u>

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

This report forwarded to headquarters on Jan 7, 19 83 by Robert Radecki

INCIDENT 0041

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 230

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000036</u>	Exp. No.	MO. <u>01</u>	DAY <u>07</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>7:14:29</u>	TIME - "IN SERVICE" <u>1:43:2</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Terry</u>		TYPE <u>St</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

E435 612 Box 6221

COMPILED SERVICE

(Whehan School)

(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 PUMPHrs.Min.				
	CTC					

(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. <u>bad</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>Lt. Doyle</u>				<u>Capt. Russo</u>
<u>R. Pante</u>				<u>S. Horan</u>
<u>J. Horan</u>				<u>P. Roderick</u>
				<u>D. Doyle</u>
				<u>J. McNeill</u>
				<u>R. Pankin</u>
				<u>P. Labbadia</u>
				<u>D. Destefano</u>

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

This report forwarded to headquarters on 1/7/, 19 84 by Lt. Doyle

INCIDENT

0036

902F

Shift

Co. No. 31

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000037		01	07	84	saturday 7	15.32	15.45
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	30		McGUIRE			Bd	02904	

E-1, R-1 (Elevator Stuck)

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1/7, 19 84 by Lt. Doyle

INCIDENT 0000311

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 32 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000042</u>	Exp. No.	MO. <u>01</u>	DAY <u>07</u>	YEAR <u>83</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>7 15 32</u>	TIME - "IN SERVICE" <u>1 5 45</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>McLure</u>		TYPE <u>R.P.</u>	ZIP CODE	SIG 1 TIME <u>1532</u>

Rescue 1 - Eng. 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>J. McKel</u>				
<u>P. Roderick</u>				

Same
CO
3

✓

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

This report forwarded to headquarters on Jan 7, 19 83 by Patrick Roderick

INCIDENT

0042

902F

Shift 2 Co. No. 33 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 000043	Exp. No.	MO. 01	DAY 07	YEAR	DAY OF THE WEEK Saturday	ALARM TIME 7:17:06	TIME -- "IN SERVICE" 1:7:56
CORRECT ADDRESS:	NO.	DIR.	NAME Douglas St. M.S.A			TYPE AL	ZIP CODE	SIG 1 TIME 1718

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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

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

This report forwarded to headquarters on Jan 7, 1983 by Robert K. Smith

INCIDENT

902F

Shift

Co. No.

Station No.

 Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT 000040

This report forwarded to headquarters on 1/7, 1984 by Lt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 35 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000042</u>	Exp. No.	MO. <u>01</u>	DAY <u>07</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>7:21:16</u>	TIME - "IN SERVICE" <u>2:13:8</u>
CORRECT ADDRESS: <u>2074</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>St</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

E 1,4,3, 1,2 C/Yellow COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA 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.	Type
	LADDER PIPE		AERIAL		
	DELUGE GUN		BANGOR		
	CELLAR PIPE		EXTENSION		
			WALL		
			ROOF		
			FOLDING		

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>Eng</u>	TRUCK NO. <u>had</u>	TRUCK NO. _____	ON SCENE	STATION
<u>H. Doyle</u>	<u>R. Ponte</u>		<u>Dep Chief DiGiulio</u>	<u>P. Roterick</u>
<u>D. Doyle</u>	<u>S. Holan</u>		<u>Chief Murphy</u>	<u>J. McNeill</u>
<u>P. Kabbadia</u>	<u>R. DiLeonardo</u>			
<u>R. Pashin</u>				
<u>D. Destefano</u>				
<u>P</u>				

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

This report forwarded to headquarters on 1/7, 19 84 by H. Doyle

INCIDENT 000042

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on 1-7, 1944 by Capt J D [illegible]

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

1908 by

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

000033

This report forwarded to headquarters on

19

by

Lt. Phillips
Edw H

902F

Shift

Co. No.

Station No.

☐ Revised Report

E-1-B-3

COMPILED SERVICE

MAPLE GARDEN

(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 PUMPHrs.Min.				
	CTC					

(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			

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 1-9, 1984 by Carl H. Anderson

INCIDENT

902F

Shift 12 Co. No. 70 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000048	00	01	09	84	Monday	1731	1736
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	1939		M.S.A.			AL	02904	173

Auto Accident

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 PUMPHrs.Min.				
	CTC					

(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				

[illegible]

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

This report forwarded to headquarters on 1-9, 1989 by Lt. Coppola

INCIDENTI

902F

Shift 10 Co. No. 47 Station No. _____☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000056	0001	09	8	Monday	12:34	1:50	
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG	TIME	
1829	M.S.A.				23904			

Auto Accident

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-9, 1984 by Lt. Capa/di

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	72057		7	29	84	Wednesday	12:55	1:00
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1825		Mimosa 1340			AC	151	1:00

(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 PUMPHrs.Min.				
	CTC					

(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
R-1				St. Paul
J. C. [unclear]				K.O. [unclear]
J. C. [unclear]				T. [unclear]
[unclear]				K. [unclear]
				K. [unclear]
				D. [unclear]
				T. [unclear]
				B. [unclear]

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

This report forwarded to headquarters on 12-1-54, 19 54 by 12-1-54

INCIDENTI

902F

Shift

Co. No.

Station No. _____

Revised Report

COMPILED SERVICE

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

19

by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 44 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000050</u>	Exp. No.	MO. <u>01</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>1111</u>	TIME -- "IN SERVICE" <u>1129</u>
CORRECT ADDRESS: <u>2072</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>ST</u>	ZIP CODE <u>02911</u>	SIG TIME <u>1113</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capl Amico</u>				<u>Lt. Silva</u>
<u>Hammond</u>				<u>A. Rossi</u>
<u>Scandariato</u>				<u>J. Silva</u>

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

This report forwarded to headquarters on 1-10, 19 84 by Capl Amico

INCIDENT

50

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

19

by

INCIDENT

000059

902F

Fill In This Report In Your Own Words

Shift 7 Co. No. 74 Station No. _____☐ Revised Report

FD ID 02400	INCIDENT NO. 33	Exp. No.	MO. 11	DAY 10	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 1330	TIME — "IN SERVICE" 1548
CORRECT ADDRESS:	NO.	DIR.	NAME 77 LEXINGTON			TYPE AL	ZIP CODE 02904	SIG 1 TIME

E4, E3, E5 CAD-14AD-2 COMPILED SERVICE Yell E4, E3, CAD-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 PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			1500' @ EJECTOR
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

[illegible]

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

This report forwarded to headquarters on 7-10-87, 1987 by E. De L. Miller

INCIDENT

902F

Shift

Co. No.

Station No.

**Revised
Report**

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

This report forwarded to headquarters on 1-10-, 1944 by CAPT MARWELL

INCIDENT

54

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 48 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000061</u>	Exp. No.	MO. <u>01</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>3:17</u>	TIME - "IN SERVICE" <u>3:38</u>
CORRECT ADDRESS: <u>MSA + SMITHFIELD RD</u>		NO.	DIR.	NAME		TYPE	ZIP CODE <u>02904</u>	SIG TIME <u>1731</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. <u>E-1</u>	TRUCK NO. _____	ON SCENE	STATION
	<u>SAME</u>	<u>AS</u>		
	<u>CO #</u>	<u>47</u>		

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

This report forwarded to headquarters on 1-10, 19 84 by K. Eruck

INCIDENT

00061

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

Box 6144

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-10-, 1959 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 50 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000056	Exp. No.	MO. 01	DAY 10	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 3:19	TIME - "IN SERVICE" 3:39
CORRECT ADDRESS: WOODHAVEN + BARBARA AVE		NO.	DIR.	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME 1938

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 PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
E-1	L-1			
CAPT. MARWEILL	LT. CICCERONE			K. ERICKSON
D. DI TORIO	D. BAZZLE			E. DiGiulio
D. CICCERONE	J. LAURIE			J. McNeill
B. HINES				R. LINCOLN
R. PAULIN				
R. DECARIO				
P. LABBADIA				

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

This report forwarded to headquarters on 1-10- 1984 by CAPT. MARWEILL

INCIDENT

56

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 51 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000057	Exp. No.	MO. 01	DAY 10	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 3:19	TIME - "IN SERVICE" 5:57
CORRECT ADDRESS: 1776		NO.	DIR.	NAME BICENTENNIAL WAY		TYPE NEAR BLDG B	ZIP CODE 02904	SIG 1 TIME 1956

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>E-1</u>	<u>6-1</u>			
<u>CAPT. MARWEIL</u>	<u>LT. CICERONE</u>			<u>K. ERICKSON</u>
<u>D. DI TORIO</u>	<u>D. BAZZIE</u>			<u>E. DIGIULIO</u>
<u>D. CICERONE</u>	<u>J. LAURIE</u>			<u>R. LINCOLN</u>
<u>B. HINES</u>	<u>P. LABBADIA</u>			<u>J. McNEILL</u>
<u>R. PAULIN</u>				
<u>B. DECARLO</u>				

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

This report forwarded to headquarters on 1-10-, 1984 by CAPT. MARWEIL

INCIDENT

67

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1

Co. No. 52

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000066</u>	Exp. No.	MO. <u>01</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>1058</u>	TIME - "IN SERVICE" <u>1159</u>
CORRECT ADDRESS: <u>E-4-P-1</u>		NO. <u>38</u>	DIR.	NAME <u>BARRETT</u>		TYPE <u>A</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1101</u>

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 PUMPHrs.Min.				
	CTC					

(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
<u>R-1</u>				<u>CHPTD AMICO</u>
<u>J. Phillips</u>				<u>L.D. GULLIO</u>
<u>A. ZARLENGA</u>				<u>A. ROSSI</u>
				<u>D. CLARK</u>
				<u>J. SILVA</u>
				<u>OK SCANDARIATO</u>

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

This report forwarded to headquarters on 1-11, 1984 by J. Phillips
E.O.G.

INCIDENT

000066

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

SUCTION HOSE USED

19

by

INCIDENT

790000

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 54 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000068</u>	Exp. No.	MO. <u>01</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>4:14.56</u>	TIME - "IN SERVICE" <u>1:30.5</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>SP</u>		<u>WATERMAN</u>		<u>AW</u>	<u>02911</u>	

E-1-P-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			NO INJURIES
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.				
	CTC					

(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. <u>E-1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>CHAD AMICO</u>				<u>LT. D. GRIFFIO</u>
<u>A. ROSSI</u>				<u>D. GIAMMARCO</u>
<u>K. SCANDARATO</u>				<u>D. CLARK</u>

INCIDENT

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

This report forwarded to headquarters on 1-11, 19 84 by CHAD AMICO
ELL

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"
02400	000068		01	01	84	WED	1456	1505
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	SP		WATER MAIN			A	02911	1458

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

000068

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

COMPILED SERVICE

[illegible]

This report forwarded to headquarters on 1-12, 1944 by W. H. [unclear]

INCIDENT

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID 02400	INCIDENT NO. 000076	Exp. No.	MO. 01	DAY 12	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 1438	TIME — "IN SERVICE" 1459
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME 1443

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

000076

902F

Shift

Co. No.

Station No.

Revised Report

FD ID		INCIDENT NO.		Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME		TIME - IN SERVICE	
02400		000077			01	12	84	Thursday		15:17:06		1:17:48	
CORRECT ADDRESS:				NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME		
				2		Merrimac			ST	02911	1:17:10		

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

(A) EXTINGUISHERS			(B) HOSE			(C) OTHER EQUIPMENT	
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 PUMPHrs.Min.					
	CTC						

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

1 this report and give my approval to same.

warded to headquarters on

19

by

INCIDENT 000 0977

902F

Fill In This Report In Your Own Words

Shift A Co. No. 59 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	0066		01	12	84	Thursday	1913	1794
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			SWEET			ST		1715

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1/12, 1984 by N. Parker

INCIDENT I

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 60

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000079</u>	Exp. No.	MO. <u>01</u>	DAY <u>12</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURS</u>	ALARM TIME <u>1939</u>	TIME - "IN SERVICE" <u>2022</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>12 South Laurel</u>			TYPE	ZIP CODE
								SIG 1 TIME <u>1940</u>

Res 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. LABBADA</u>				<u>CAPT. LABBADA</u>
<u>L. SANTER</u>				<u>E. RICCI</u>
<u>K. ANDREY</u>				<u>D. SCOTT</u>
				<u>R. THURGOOD</u>
				<u>R. DIMARZIO</u>
				<u>S. CAPRACOTTA</u>

INCIDENT

000079

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

This report forwarded to headquarters on

19 84

by [Signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1A

Co. No. 61

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000080</u>	Exp. No.	MO. <u>01</u>	DAY <u>13</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRI</u>	ALARM TIME <u>011318</u>	TIME - "IN SERVICE" <u>02118</u>
CORRECT ADDRESS: <u>Mineral Spring Gardens</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>0139</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>Res 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. Dimartino</u>				<u>CAPT. LABRADIA</u>
<u>L. Sanchez</u>				<u>E. RICCI</u>
				<u>D. SCOTT</u>
				<u>R. THURSH</u>
				<u>P. LABRADIA</u>
				<u>S. CAPRABOTTA</u>
				<u>K. LANDRY</u>

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

This report forwarded to headquarters on January 13, 1984 by Shuchy

INCIDENT

60

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 62 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00008500</u>	Exp. No.	MO. <u>01</u>	DAY <u>13</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>6:18</u>	TIME - "IN SERVICE" <u>18:35</u>
CORRECT ADDRESS:		NO. <u>300</u>	DIR. <u>Smithfield</u>	NAME <u>Smithfield</u>		TYPE <u>Rd</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>18:20</u>

Medical Aid R-1-E-4 **COMPILED SERVICE**

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>R-1</u>				<u>Chief Murphy</u>
<u>J. Gregson</u>				<u>Lt. Capaldi</u>
<u>J. Casolino</u>				<u>Lt. Bazzle</u>
<u>P. Procheleac</u>				<u>J. Grande</u>
				<u>K. Moyers</u>
				<u>D. DeStefano</u>

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

This report forwarded to headquarters on 1-13, 1984 by Lt. Capaldi

INCIDENT

85

902F

Shift PS Co. No. 63 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000069	00	01	13	84	Friday	2125	2134
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire			Rd	02394	

Lock-out

COMPILED SERVICE

13-202

(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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

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

This report forwarded to headquarters on 1/13, 1983 by A.T. [Signature]

INCIDENT

000067

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 64

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>20086</u>	Exp. No.	MO. <u>01</u>	DAY <u>14</u>	YEAR <u>2004</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>7:30</u>	TIME - "IN SERVICE" <u>7:30</u>
CORRECT ADDRESS: <u>1001 - 11th</u>		NO.	DIR.	NAME <u>South</u>		TYPE <u>51</u>	ZIP CODE	SIG 1 TIME <u>0933</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>P-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>2</u>				<u>St. Charles</u>
<u>3</u>				<u>St. Brown</u>
				<u>St. Francis</u>
				<u>St. Joseph</u>
				<u>St. Martin</u>
				<u>St. Patrick</u>
				<u>St. Peter</u>
				<u>St. Raphael</u>
				<u>St. Vincent</u>
				<u>St. Anthony</u>
				<u>St. Ignace</u>
				<u>St. John</u>
				<u>St. James</u>
				<u>St. George</u>
				<u>St. Andrew</u>
				<u>St. Nicholas</u>
				<u>St. Basil</u>
				<u>St. Constantine</u>
				<u>St. Helena</u>
				<u>St. Agatha</u>
				<u>St. Barbara</u>
				<u>St. Elizabeth</u>
				<u>St. Margaret</u>
				<u>St. Catherine</u>
				<u>St. Anne</u>
				<u>St. Mary</u>
				<u>St. Teresa</u>
				<u>St. Clare</u>
				<u>St. Francis</u>
				<u>St. Rose</u>
				<u>St. Luce</u>
				<u>St. Ignace</u>
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				<u>St. Catherine</u>
				<u>St. Anne</u>
				<u>St. Mary</u>
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				<u>St. Clare</u>
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				<u>St. Clare</u>
				<u>St. Francis</u>
				<u>St. Rose</u>
				<u>St. Luce</u>
				<u>St. Ignace</u>

902F

Shift C Co. No. 65 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000089		01	14	84	SATURDAY	7 1041	1059
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			55 WOODHAVEN			8V	02911	1045

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 1-14, 1984 by H. Erickson

INCIDENT 000089

902F

Shift _____ Co. No. 06 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000070		01	14	84	SATURDAY	71041	1059
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	55		WOOD HAVEN			BVD	02911	1045

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 1-19-, 1984 by CAPT MARWEL

INCIDENT!

0

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 67 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000093</u>	Exp. No.	MO. <u>01</u>	DAY <u>14</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7 20 09</u>	TIME - "IN SERVICE" <u>2 0 30</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>BRANCH + DOUGLAS</u>		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME <u>2012</u>

COMPILED SERVICE (PROV)

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>R-1</u>				<u>CHIEF MURPHY</u>
<u>D. Cicerone</u>				<u>CAPT. MARWELL</u>
<u>K. Erickson</u>				<u>LT. Cicerone</u>
				<u>D. DiToro</u>
				<u>E. DiGirola</u>
				<u>J. LAURIE</u>
				<u>P. LABBADIO</u>
				<u>J. McNeill</u>
				<u>B. Hines</u>

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

This report forwarded to headquarters on JANUARY 14, 19 84 by David Cicerone

INCIDENT

00093

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 68 Station No. 1 ✓

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00074</u>	Exp. No.	MO. <u>01</u>	DAY <u>14</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7:21:35</u>	TIME -- "IN SERVICE" <u>22:29</u>
CORRECT ADDRESS:		NO. <u>216</u>	DIR.	NAME <u>STELLA</u>		TYPE <u>DR</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>2137</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. Cicerone</u>				<u>CAPT. MARWELL</u>
<u>E. DiGiulio</u>				<u>LT. Cicerone</u>
				<u>D. DiToro</u>
				<u>B. HINES</u>
				<u>K. ERICKSON</u>
				<u>J. LAURIE</u>
				<u>P. LABBADA</u>
				<u>J. McNeill</u>

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

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

INCIDENT 00094

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill in This Report
In Your Own Words

Shift C Co. No. 69 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000095</u>	Exp. No.	MO. <u>01</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>10:44</u>	TIME - "IN SERVICE" <u>20:45</u>
CORRECT ADDRESS: <u>2070</u>		NO.	DIR.	NAME <u>SMITH</u>		TYPE <u>ST</u>	ZIP CODE <u>02841</u>	SIG 1 TIME <u>0446</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. Cicerone</u>				<u>LT. Cicerone</u>
<u>CAPT. MARWELL</u>				<u>D. Di Iorio</u>
				<u>K. Erickson</u>
				<u>B. Hines</u>
				<u>J. Laurie</u>
				<u>P. Labbadia</u>
				<u>S. Capracotta</u>
				<u>T. Saccoccia</u>

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

This report forwarded to headquarters on 1-15-84, 1984 by _____

INCIDENT

95

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 70 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0010072</u>	Exp. No.	MO. <u>01</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>11:31</u>	TIME - "IN SERVICE" <u>1:32</u>
CORRECT ADDRESS: <u>281 Bellevue</u>		NO.	DIR.	NAME <u>AV</u>		TYPE <u>02904</u>	ZIP CODE <u>1322</u>	SIG 1 TIME

E-4, 2 L-1 C/yellow

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>led</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Russo</u>				<u>Lt Doyle</u>
<u>D Doyle</u>				<u>R Ponte</u>
<u>S. Horan</u>				<u>M. Rea</u>
<u>J. Horan</u>				<u>J. McNeill</u>
<u>P. Hebbadia</u>				

INCIDENT 000072

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

This report forwarded to headquarters on 1/15, 19 84 by Lt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

☐ Revised Report

Shift D Co. No. 71 Station No. 1

FD ID 02400	INCIDENT NO. <u>00073</u>	Exp. No.	MO. <u>01</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>11:01</u>	TIME - "IN SERVICE" <u>1:01</u>
CORRECT ADDRESS: <u>242 Waterman</u>		NO.	DIR.	NAME <u>Waterman</u>		TYPE <u>AV</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

E-142 L-1 C/yellow **COMPILED SERVICE** Box 642

(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 PUMPHrs.Min.				
	CTC					

(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
<u>Eng</u>	<u>had</u>			
<u>Lt. Doyle</u>	<u>R. DiLeonardo</u>			<u>S. Horan</u>
<u>R. Ponte</u>	<u>D. Doyle</u>			<u>M. Rea</u>
<u>J. McNeill</u>				<u>P. Roderick</u>
<u>P. Labbadia</u>				

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

This report forwarded to headquarters on 1/15, 19 84 by Lt. Doyle

INCIDENT 00073

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 72 Station No. 3

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000098</u>	Exp. No.	MO. <u>01</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME	TIME - "IN SERVICE"
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Smithville at 705A</u>		TYPE	ZIP CODE	SIG 1 TIME

Rescue Call

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>M. Rea</u>				<u>Lt. Doyle</u>
<u>P. Robinson</u>				<u>B. Ralston</u>
				<u>J. McHall</u>
				<u>P. Labbadia</u>
				<u>R. DeLeonardo</u>
				<u>D. Doyle</u>
				<u>Capt. [Signature]</u>

INCIDENT

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

This report forwarded to headquarters on Jan 15, 19 84 by Patrol Robinson

902F

Shift

Co. No.

Station No.

Revised Report

35 E-3

E-1, R-1 Auto Accident

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	✓	BOOSTER	150 ft		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL		2	shovels
	DELUGE GUN		BANGOR		2	Brooms
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on 1/15, 19 84 by Lt Doyle

INCIDENT 0000 / 11

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000099		01	15	84	Monday	12258	2337
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Womansatuski at Home			57		239

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on Mar. 13, 1954 by Father Paul

INCIDENT

902F

Shift 2 Co. No. 73 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	101		01	16	84	MONDAY	20015	CC 28
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME

RESOLVE RUN

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on Jan 16, 1989 by MA: B. G.

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 76

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>102</u>	Exp. No.	MO. <u>01</u>	DAY <u>16</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>20055</u>	TIME - "IN SERVICE" <u>0110</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>2072 SMITH</u>		TYPE <u>ST</u>	ZIP CODE	SIG 1 TIME <u>0057</u>

RESCUE RUN

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>M. REA</u>			<u>AS</u>	
<u>P. RODERICK</u>				
SAME				
No #			<u>73</u>	

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

This report forwarded to headquarters on Jan 16, 1984 by M. Rea

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

INCIDENT

This report forwarded to headquarters on

19

by

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000103		01	16	84	Monday	2126	1133
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	30		WATERMAN				6841	

(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			FALSE CALL
	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

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 79 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00082</u>	Exp. No.	MO. <u>01</u>	DAY <u>16</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>21557</u>	TIME - "IN SERVICE" <u>1607</u>
CORRECT ADDRESS: <u>1857</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>FR</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt D'Amico</u>				<u>St. DeGaulle</u>
<u>A. ZARUBA</u>				<u>D. Giannone</u>
				<u>D. Clark</u>
				<u>T. Scandariato</u>
				<u>J. Silva</u>

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

This report forwarded to headquarters on 1-16, 19 84 by Capt D'Amico

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 80 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>85</u>	Exp. No.	MO. <u>01</u>	DAY <u>17</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>0020</u>	TIME - "IN SERVICE" <u>0231</u>
CORRECT ADDRESS:		NO. <u>24</u>	DIR.	NAME <u>ONE/4</u>		TYPE <u>AV</u>	ZIP CODE <u>0289</u>	SIG 1 TIME

E-2-1-L-1 SS E-4 **COMPILED SERVICE** SR-1-SS R-2

(A) EXTINGUISHERS CODE-RED (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	<u>800ft</u>		
	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			<u>ARE 4</u>
	DELUGE GUN		BANGOR			<u>ARE 3</u>
	CELLAR PIPE		EXTENSION	<u>35ft</u>		<u>ARE 1</u>
			WALL			
			ROOF			<u>1, PUMP TANK BROKEN L-1</u>
			FOLDING			

HYDRANTS USED AND TIME 1-1/2 SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO.	ON SCENE	STATION
<u>Capt Labbadia</u>	<u>P. Labbadia</u>		<u>Lt Capaldi</u>	<u>L. Sanchez</u>
<u>F. Ricci</u>	<u>D. Scott</u>		<u>Chief Murphy</u>	<u>K Callahan</u>
<u>S. Capracotta</u>	<u>R. Di Martini</u>		<u>N. TANN</u>	<u>K Landry</u>
<u>B. Thuerber</u>				
<u>J. McNeil</u>				

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

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

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	85		01	17	88	TUE	1038	6150	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	24	0625	HSE					0081	

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 PUMPHrs.Min.				
	CTC					

(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				

[illegible]

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

This report forwarded to headquarters on 2 Jan 1951, 19 51 by Lt. M. J. Brown.

INCIDENT I

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

☐ Revised
Report

Shift A Co. No. 82 Station No. 1

FD ID 02400 INCIDENT NO. 10110 Exp. No. 01117 MO. 84 DAY OF THE WEEK Tues ALARM TIME 3030 TIME - "IN SERVICE" 0341

CORRECT ADDRESS: 24 01/NE NO. 1 DIR. 1 NAME 1 TYPE 1 ZIP CODE 1 SIG 1 TIME 8391

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 PUMPHrs.Min.				
	CTC					

(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
<u>1st</u>				<u>1st</u>
<u>Thompson</u>				<u>2nd</u>
<u>Callison</u>				<u>3rd</u>
				<u>4th</u>
				<u>5th</u>
				<u>6th</u>
				<u>7th</u>
				<u>8th</u>
				<u>9th</u>
				<u>10th</u>

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

Forwarded to headquarters on _____

19 _____ by _____

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000110		01	12	84	Tues	03:58	04:08
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			ST. MAR					

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

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

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 84

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. <u>01</u>	DAY <u>17</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>0358</u>	TIME -- "IN SERVICE" <u>0408</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>MANYST</u>		TYPE	ZIP CODE	SIG 1 TIME <u>0401</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>8-1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>S. Capriacotta</u>				
<u>P. Calabrese</u>				
<u>D. Scott</u>				

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

This report forwarded to headquarters on Jan 17, 19 84 by R. Thibodeau

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

19

by

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"	
02400	000113		01	17	84	TUESDAY	1512	1553	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	23		WATERMAN			AL	0911	1514	

(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

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

000113

902F

Shift B Co. No. 87 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000117	000117	54	Tuesday	3	1835	1850	
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE		SIG TIME	
			M. S. A.	174	02904		1835	

Medical Aid & E-5 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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on 1-17, 1984 by Lt. Capaldi

INCIDENT!

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 88 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000116</u>	Exp. No.	MO. <u>01</u>	DAY <u>17</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>2121</u>	TIME "IN SERVICE" <u>2152</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>21</u>		<u>Columbus Ave</u>				<u>2134</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Gresson</u>				<u>LT. Capaldi</u>
<u>J. Capaldi</u>				<u>LT. Capaldi</u>
<u>L. Rocheland</u>				<u>K. O'Brien</u>
				<u>J. Gresson</u>
				<u>K. O'Brien</u>
				<u>Capt. Ruggieri</u>
				<u>R. Penti</u>
				<u>B. Loulin</u>

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

This report forwarded to headquarters on _____, 19____ by John J. Gresson

INCIDENT

000116

902F

Shift _____ Co. No. 887 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	000118		01	18	84	WEDNESDAY	0852	0944	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1820		MIN. SPR. AVE.					0854	

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 7/10/57, 19 57 by L. V. Phillips (Jr.)

INCIDENT

00018

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 90 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>95</u>	Exp. No.	MO. <u>1</u>	DAY <u>18</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>1541</u>	TIME - "IN SERVICE" <u>1619</u>
CORRECT ADDRESS: <u>27 ELIZABETH</u>		NO.	DIR.	NAME		TYPE <u>DR</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

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 PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>E-1</u>	<u>L-1</u>			
<u>Cpt. Damico</u>	<u>Lt. E. Damico</u>			<u>Lt. P. Hall</u>
<u>A. Rossi</u>	<u>D. Giannaco</u>			<u>J. S. Clark</u>
<u>J. Lane</u>	<u>D. Clark</u>			<u>M. Schiavone</u>
	<u>R. Ponte</u>			

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

This report forwarded to headquarters on 1-18, 1984 by Cpt. Damico

INCIDENT

65

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 91 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0001123</u>	Exp. No.	MO. <u>01</u>	DAY <u>18</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>1757</u>	TIME - "IN SERVICE" <u>1900</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>261</u>		<u>Grover</u>		<u>15th</u>	<u>02911</u>	<u>1800</u>

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>R-1</u>				
<u>E. Di Giulio Jr.</u>				<u>Capt. Marzulli</u>
<u>X. F. Fickes</u>				<u>P. Cerasone</u>
				<u>D. Cerasone</u>
				<u>D. Di Iorio</u>
				<u>D. Buzza</u>
				<u>J. Gasci</u>
				<u>R. Ponte</u>
				<u>P. Pabbarone</u>
				<u>D. Singleton</u>
				<u>P. Di Carlo</u>

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

This report forwarded to headquarters on 1-18, 19 84 by K. S. S. S.

INCIDENT 000123

902F

Shift 1 Co. No. 92 Station No. ☐ Revised Report

COMPILED SERVICE

INCIDENT

This report forwarded to headquarters on 1-18, 1954 by K. Erickson

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT I

This report forwarded to headquarters on 1-18-, 1959 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 94 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000096</u>	Exp. No.	MO. <u>01</u>	DAY <u>18</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WEDNESDAY</u>	ALARM TIME <u>420</u>	TIME - "IN SERVICE" <u>2035</u>
CORRECT ADDRESS: <u>6</u>		NO.	DIR.	NAME <u>CRAIGIE</u>		TYPE <u>ST</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>2030</u>

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>E-1</u>	<u>R-1</u>	<u>C-5</u>		
<u>SAME AS</u>				
<u># 93</u>				

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

This report forwarded to headquarters on 1-18-, 1984 by CAPT. MARWELL

INCIDENT

96

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 95 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000097	Exp. No.	MO. 01	DAY 18	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 42313	TIME - "IN SERVICE" 2317
CORRECT ADDRESS: R-1 E-1		NO.	DIR.	NAME MSA + BY-PASS		TYPE	ZIP CODE	SIG 1 TIME 2314

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 PUMPHrs.Min.					
	CTC						

(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
<u>R-1</u>	<u>E-1</u>			
<u>B. HINKS</u>	<u>CAPT. MARWELL</u>			<u>LT. CICCARONE</u>
<u>K. CRICKSON</u>	<u>D. BAZZIE</u>			<u>D. DIBORIO</u>
	<u>P. LABRADIO</u>			<u>D. CICCARONE</u>
	<u>E. DIBOLIO</u>			<u>J. LAURIE</u>

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

This report forwarded to headquarters on 1-18-, 1984 by CAPT. MARWELL

INCIDENT

97

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on 1-18, 19 84 by N. E. Eaker

INCIDENT

000126

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 97

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000128</u>	Exp. No.	MO. <u>01</u>	DAY <u>19</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>5 06 38</u>	TIME - "IN SERVICE" <u>0 7 32</u>
CORRECT ADDRESS:		NO. <u>2</u>	DIR.	NAME <u>GREYSTONE</u>		TYPE <u>AVE</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>0643</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. ERICKSON</u>				<u>CAPT. MARNEIL</u>
<u>E. D. GIULIO</u>				<u>D. D. IORIO</u>
				<u>D. BAZZIE</u>
				<u>J. LAURE</u>
				<u>P. LABBADA</u>

INCIDENT 000128

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

This report forwarded to headquarters on 1-19, 19 84 by IC Smith

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 98 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000000</u>	Exp. No.	MO. <u>01</u>	DAY <u>19</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>507.20</u>	TIME -- "IN SERVICE" <u>07.31</u>
CORRECT ADDRESS: <u>29</u>		NO.	DIR.	NAME <u>McGuire</u>		TYPE <u>RR</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>07.20</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. MARWEIL</u>				<u>P. LABRADIA</u>
<u>K. SCANDRIATO</u>				<u>J. LAURIE</u>
				<u>K. ERICKSON</u>
				<u>E. DIGIULIO</u>

INCIDENT

100

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

This report forwarded to headquarters on 1-19, 1984 by CAPT. MARWEIL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 100 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000106	Exp. No.	MO. 01	DAY 19	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 5 18 23	TIME — "IN SERVICE" 1 8 35
CORRECT ADDRESS:		NO. 242	DIR.	NAME Waterman		TYPE AU	ZIP CODE 02911	SIG 1 TIME 1826

E-1,4,2 L-1 C/yellow COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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
<u>Eng.</u>	<u>Lad.</u>			
Lt. Doyle	R. DiLeonardo		Car-10	P. Roderick
D. Doyle	R. Ponte			M. Rea
J. McNeill				

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

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

INCIDENT 000106

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	00103		01	19	84	Thursdays	1903	1414	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
			M S 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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 7-7-79, 1979 by _____

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 101

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000139	Exp. No.	MO. 01	DAY 19	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 521 54	TIME - "IN SERVICE" 22 55
CORRECT ADDRESS: RESCUE RUN		NO.	DIR. Beantown + Lucas	NAME AL		TYPE 1	ZIP CODE	SIG 1 TIME 2201

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 PUMPHrs.Min.						
	CTC							

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION	
M. REA				CAPT RUSSO	
P. RODERICK				LT DOYLE	
				S. HORAN	
				R. PONTE	
				D. DOYLE	
				R. DILEONARDO	
				J. MCNEIL	
				J. CAGNIO	
				P. LABBUDIA	
				D. SINGLETON	

RESCUE INCIDENT 000139

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

This report forwarded to headquarters on Jan 19, 1984 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 102

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00107</u>	Exp. No.	MO. <u>01</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>9:18</u>	TIME — "IN SERVICE" <u>9:27</u>
CORRECT ADDRESS: <u>567</u>		NO.	DIR.	NAME <u>SMITH Rd</u>		TYPE	ZIP CODE	SIG 1 TIME

COMPILED SERVICE

CODE BLUE

(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. <u>E1</u>	TRUCK NO. <u>J-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>CDT. AMICO</u>	<u>LT. DiBenedetto</u>			<u>LT. P. HILLIS</u>
<u>A. ROSSI</u>	<u>D. G. G. G. G.</u>			<u>T. SILVA</u>
<u>A. ZARLONGA</u>	<u>D. CLARK</u>			<u>D. SCHUDARIN</u>

INCIDENT

00107

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

This report forwarded to headquarters on 1-20, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 103 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000108</u>	Exp. No.	MO. <u>01</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>1246</u>	TIME - "IN SERVICE" <u>1252</u>
CORRECT ADDRESS: <u>1933 Mineral Spring</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME

COMPILED SERVICE

WASH DOWN

(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 PUMPHrs.Min.				
	CTC					

(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. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>A. Rossi</u>				<u>Lt. P. Phillips</u>
<u>Capt. Damico</u>				<u>Lt. D. Giulio</u>
<u>A. Parlenga</u>				<u>Lt. Calise</u>
				<u>D. Giannarico</u>
				<u>D. Clark</u>
				<u>K. Scandara</u>
				<u>J. Silva</u>

INCIDENT

000108

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

This report forwarded to headquarters on 1-20, 1984 by Capt. Damico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 104 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000142	Exp. No.	MO. 01	DAY 20	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 6:14.26	TIME - "IN SERVICE" 1.4.29
CORRECT ADDRESS: Auto Acc.		NO. 501	DIR.	NAME MANTON		TYPE AV	ZIP CODE	SIG 1 TIME

PROVIDENCE

COMPILED SERVICE

CANCELLED

(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

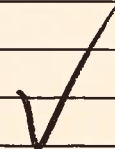
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. Phillips</u>				<u>Chief D. Amico</u>
<u>A. Scandariato</u>				<u>Butler</u>
				<u>Silva</u>
				<u>Clark</u>
				<u>D. Gammaito</u>
				<u>A. Mena</u>
				<u>A. Rossi</u>

INCIDENT



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

This report forwarded to headquarters on 1-20, 1984 by LT. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 105

Station No. 1 ✓

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000143</u>	Exp. No.	MO. <u>01</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6:50.1</u>	TIME — "IN SERVICE" <u>1:53.9</u>
CORRECT ADDRESS: <u>415</u>		NO.	DIR.	NAME <u>SUNSET TERR</u>		TYPE	ZIP CODE	SIG 1 TIME <u>15.01</u>

COMPILED SERVICE

TRANSPORTATION

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

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. Phillips</u>				<u>CAPT D'AMICO</u>
<u>K. SCANDARIATO</u>				<u>LT. DiGiulio</u>
				<u>A. ROSSI</u>
				<u>A. ZARLNGA</u>
				<u>D. CLARK</u>
				<u>D. GIAMMARCO</u>
				<u>J. SILVA</u>

INCIDENT

000143

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

This report forwarded to headquarters on 1-20, 19 84 by LT. Phillips

E. D.G.

902F

Shift 1 Co. No. 106 Station No. _____

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000109		01	20	84	FRIDAY	6 1504	1315
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	44		SUNSET			TE	12911	

SS 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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-10, 1947 by Capt D. L. Smith

INCIDENT

○

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 107 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000145</u>	Exp. No.	MO. <u>01</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRI</u>	ALARM TIME <u>1657</u>	TIME — "IN SERVICE" <u>1708</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>250</u>		<u>SMITHFIELD</u>		<u>RD</u>		<u>1700</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. LARRADA</u>				<u>D. SCOTT</u>
<u>L. SANCHEZ</u>				<u>K. CULLINAN</u>
				<u>R. BAUTON</u>
				<u>F. Ricci</u>
				<u>R. Thacher</u>
				<u>B. Dimartino</u>
				<u>K. LANDRY</u>

INCIDENT

145

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

This report forwarded to headquarters on January 20, 1984 by Flanch

EWG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

 Fill In This Report
In Your Own Words

 Shift A Co. No. 108 Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00112</u>	Exp. No.	MO. <u>01</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6 18 13</u>	TIME - "IN SERVICE" <u>18 20</u>
CORRECT ADDRESS:		NO. <u>2215</u>	DIR.	NAME <u>MSA</u>		TYPE	ZIP CODE <u>02911</u>	SIG 1 TIME <u>18 14</u>

 E-1 R-1 MED-AID

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(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. <u>R-1</u>	TRUCK NO. <u>E-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>2 Sanchez</u>				<u>F. Ricci</u>
<u>R Linchov</u>				<u>D. Scott</u>
<u>K Laundry</u>				<u>R Thurbert</u>
				<u>P Labbadia</u>
				<u>R DiMartino</u>
				<u>E. DiGiulio Jr</u>
				<u>K Cushman</u>
				<u>R Paulin</u>

INCIDENT

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

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

902F

Shift A Co. No. 107 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000146		01	20	84	FRIDAY	6 1808	1836
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2215		MRA				02911	1809

E-1 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 PUMPHrs.Min.				
	CTC					

(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				

[illegible]

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

This report forwarded to headquarters on January 10, 19 87 by A. L. Smith

INCIDENT 000710

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 110

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00113</u>	Exp. No.	MO. <u>01</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SAT.</u>	ALARM TIME <u>70112</u>	TIME — "IN SERVICE" <u>0118</u>
CORRECT ADDRESS: <u>NO.</u>		DIR.	NAME <u>Smith</u>			TYPE <u>ST</u>	ZIP CODE	SIG 1 TIME <u>00114</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>ENS-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. Thompson</u>				<u>F. Ricci</u>
<u>B. SCOTT</u>				<u>CAPT. LACCHIA</u>
<u>E. Bignolio JR.</u>				<u>S. G. V. T. A.</u>
<u>L. Crescenzo</u>				<u>D. L. Bignolio</u>
				<u>D. D. M. G. A.</u>
				<u>R. P. Halliwell</u>

INCIDENT

113

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

This report forwarded to headquarters on 7-21-84, 19 84 by K. Thompson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 110

Station No. 12

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000149</u>	Exp. No.	MO. <u>01</u>	DAY <u>01</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SAT.</u>	ALARM TIME <u>20112</u>	TIME — "IN SERVICE" <u>0132</u>
CORRECT ADDRESS: <u>Rest #1</u>		NO.	DIR.	NAME <u>SMITH</u>		TYPE <u>ST.</u>	ZIP CODE	SIG 1 TIME <u>0114</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>Rest #1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>1. SANITARY</u>				
<u>2. LADDER</u>				

INCIDENT 000149

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

This report forwarded to headquarters on Jan 2, 1984 by B. Thacker

902F

Shift A Co. No. 112 Station No. ☐ Revised Report

FD ID 02400	INCIDENT NO. 000150	Exp. No.	MO. 01	DAY 21	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 343	TIME - "IN SERVICE" 410
CORRECT ADDRESS:	NO.	DIR.	NAME MINERAL SPRING - BY PASS			TYPE	ZIP CODE 029	SIG 1 TIME 344

E-1 (R-1) Auto Acc

COMPILED SERVICE

72-354 405

(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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

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

This report forwarded to headquarters on January 21, 1984 by [Signature]

INCIDENT

600150

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000114011	0121	84	Saturday		343	358	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MINERAL SPRING - BY PASS				029	

Auto Acc

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 PUMPHrs.Min.				
	CTC					

(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
------------------------	-------------------

[illegible]

INCIDENT

000114

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

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000115		01	21	84	Saturday	0804	0810
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MSA & Bupayu				02911	0806

B-1 & E-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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

INCIDENT!

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

This report forwarded to headquarters on Jun 21, 1984 by Lt. Canoldi

902F

Shift B Co. No. 115 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000,151		01	21	84	Saturday	7 0804	0808
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MSA & Bypass				02911	0806

Assist Rescue

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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on Jan 21, 1984 by _____

INCIDENT

000151

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 114 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000153</u>	Exp. No. <u>000121</u>	MO. <u>84</u>	DAY <u>Saturday</u>	YEAR <u>1984</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>10850</u>	TIME - "IN SERVICE" <u>0924</u>
CORRECT ADDRESS: <u>1155 Douglas</u>		NO. <u>1155</u>	DIR. <u>Douglas</u>	NAME <u>Douglas</u>		TYPE <u>Av</u>	ZIP CODE <u>06552</u>	SIG 1 TIME <u>0552</u>

Medical Aid & E-4

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>H. Omara</u>				<u>Lt. Capaldi</u>
<u>J. Wheeler</u>				<u>F. Ricci</u>
				<u>B. Thurber</u>
				<u>J. McNeil</u>
				<u>B. Lincoln</u>
				<u>P. Lobbedia</u>

INCIDENT

000153

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

This report forwarded to headquarters on 121, 1984 by Lt. Capaldi

902F

Shift 2 Co. No. 111 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000117	00	01	21	84	Saturday	0923	0929
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	18		Woodhaven			Bld	02911	—

Medical Aid & R-2

COMPILED SERVICE

False still

(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 PUMPHrs.Min.				
	CTC					

(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
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____

[illegible]

This report forwarded to headquarters on 1-21, 1984 by Lt. Papadimitri

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

F-4,3 LADDER-1 **COMPILED SERVICE** CODE RED

[illegible]

This report forwarded to headquarters on JAN. 21, 19 84 by K. O'mara

INCIDENT

00119

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 119 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0001190001</u>	Exp. No. <u>0121</u>	MO. <u>8</u>	DAY <u>3</u>	YEAR <u>1983</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>1230</u>	TIME - "IN SERVICE" <u>1255</u>
CORRECT ADDRESS: <u>55 BEVERLY ANN</u>		NO. <u>55</u>		DIR. <u>BEVERLY ANN</u>		NAME <u>BEVERLY ANN</u>		SIG 1 TIME
						TYPE <u>D.R.</u>		ZIP CODE <u>02911</u>

Order of smoke in house **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 PUMPHrs.Min.					
	CTC							

(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. <u>ENG. 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. CAPALDI</u>				<u>LT. BAZZLE</u>
<u>J. CAGNO</u>				<u>K. O'MARA</u>
<u>J. McNeill</u>				<u>P. ROCHELEAU</u>
<u>R. PAULIN</u>				<u>R. LINCOLN</u>
				<u>P. LABBADIO</u>
				<u>R. DOUGLAS</u>

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

This report forwarded to headquarters on JAN. 21, 19 83 by Lt. Eric Bazzle

INCIDENT

119

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 120 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000155</u>	Exp. No. <u>0001</u>	MO. <u>01</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>1305</u>	TIME - "IN SERVICE" <u>1337</u>
CORRECT ADDRESS: <u>79</u>		NO. <u>79</u>		DIR. <u>Hawthorne</u>		NAME <u>Hawthorne</u>		SIG <u>1308</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. Omara</u>				<u>Lt. Capaldi</u>
<u>B. Lincoln</u>				<u>Lt. Bazzle</u>
<u>P. Rochelle</u>				<u>Capt. Russo</u>
				<u>J. Cogno</u>
				<u>B. Poulin</u>
				<u>P. DeStefano</u>
				<u>J. McNeil</u>
				<u>R. Ponti</u>
				<u>R. Douglas</u>

INCIDENT

000155

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

This report forwarded to headquarters on 1-21, 19 84 by Lt. Capaldi

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-22, 1984 by Lt. Canaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 122 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>020158</u>	Exp. No.	MO. <u>01</u>	DAY <u>22</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>11659</u>	TIME — "IN SERVICE" <u>1725</u>
CORRECT ADDRESS:		NO. <u>1776</u>	DIR.	NAME <u>BICENTENNIAL WAY</u>		TYPE <u>W</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1704</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. ERICKSON</u>				<u>CAPT. MARWELL</u>
<u>E. DiGirola</u>				<u>LT. CICERONE</u>
<u>J. McNeill</u>				<u>D. DiIorio</u>
				<u>D. CICERONE</u>
				<u>D. BAZZIE</u>
				<u>J. LAURIE</u>
				<u>R. PAULIN</u>
				<u>P. LABBADIA</u>

INCIDENT

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

This report forwarded to headquarters on 1-22-84 by CAPT. MARWELL

902F

Shift C Co. No. 125 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	000129		9	22	84	SUNDAY	12315	2338	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		79		WATERMAN			AVE.		2316

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

This report forwarded to headquarters on 1-22-, 1957 by CAPT Mawley

INCIDENT

129

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 127 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>09161</u>	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME <u>0332</u>	TIME - "IN SERVICE" <u>0354</u>
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	SIG 1 TIME <u>0333</u>

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 PUMPHrs.Min.				
	CTC					

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. BRICKSON</u>				<u>CAPT. AMERICA</u>
<u>D. PICKERONE</u>				<u>LT. CICCONE</u>
				<u>D. T. PIERCE</u>
				<u>S. L. PIERCE</u>
				<u>D. PAULINE</u>

INCIDENT

00161

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

This report forwarded to headquarters on January 20, 19 02 by [Signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 125

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000162</u>	Exp. No.	MO. <u>01</u>	DAY <u>23</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>2 04 12</u>	TIME - "IN SERVICE" <u>0 45 8</u>
CORRECT ADDRESS: <u>1859</u>		NO.	DIR.	NAME <u>SMITH</u>		TYPE <u>157</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>414</u>

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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 # 126				✓

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

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

INCIDENT

000162

902F

Fill In This Report In Your Own Words

Shift C Co. No. 126 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 130	Exp. No.	MO. 01	DAY 23	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 20418	TIME - "IN SERVICE" 0440
CORRECT ADDRESS:	NO. 1259	DIR.	NAME SMITH			TYPE ST.	ZIP CODE 92911	SIG 1 TIME 0420

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

INCIDENT

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

This report forwarded to headquarters on 1-23, 1974 by CAPT. MARWEN

902F

Shift 2 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	000, 163					Monday	0536	0602	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	37		HUTCHINSON AVE					0535	

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 PUMPHrs.Min.				
	CTC					

(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				

[illegible]

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

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

INCIDENT

853

902F

Shift 7 Co. No. 128 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	000164		01	23	84	MONDAY	0733	09	23
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
		100		SMITH FIELD RD.			02904	0735	

GOLDEN CREST NURSING HOME

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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on JAN. 23, 1984 by L. V. Phillips

INCIDENT

000164

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 1-23, 1964 by Capt D Amico

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000132		01	23	84	Monday	2:11:37	1:15:2
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2240		M S A				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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

19

b

INCIDENT I

32

902F

Shift 7 Co. No. 151 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000166		01	23	84	Monday	21137	1239
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2240		M S A				22911	1138

COMPILED SERVICE

Med - A, D

(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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on 1-25, 1984 by PT. J. Phillips
Edg. JH

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 132 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. <u>01</u>	DAY <u>23</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>1609</u>	TIME -- "IN SERVICE" <u>1642</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>M.S.A. & Smithfield Rd</u>		TYPE	ZIP CODE	SIG 1 TIME <u>1610</u>

R-1, E4

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	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. <u>R-1</u>	ON SCENE	STATION
		<u>D. Giannone</u>		<u>Capt. Danico</u>
		<u>A. Rossi</u>		<u>Lt. Di Giulio</u>
				<u>S. Silva</u>
				<u>A. Zaccaro</u>
				<u>R. Scandone</u>

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

This report forwarded to headquarters on Jan-1, 19 84 by A. Rossi

INCIDENT

000168

902F

Shift D Co. No. 133 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000170		01	23	84	MONDAY	2 18 12	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	32		GROVER			ST.		18 13

RES 1 SS RES 2 (1813) COMPILED SERVICE (Involved Auto Accident.)

(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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on _____, 19____ by J. Murphy

INCIDENT

000170

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 135 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 135	Exp. No.	MO. 01	DAY 23	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 1816	TIME — "IN SERVICE"
CORRECT ADDRESS:		NO. 99	DIR.	NAME JACKSONIA			TYPE DR	ZIP CODE 02911

E-1 WATER EMERG.

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 PUMPHrs.Min.				
	CTC					

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
LT. Doyle				R. Ponle
D. Doyle				R. DiGeronimo
R. Paulin				P. Labbidin
J. McNeill				D. Singleton
				M. Rea
				K. Collman

INCIDENT

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

This report forwarded to headquarters on 1-25-84, 19__ by Chief Murphy

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 135

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000136</u>	Exp. No.	MO. <u>01</u>	DAY <u>23</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>22358</u>	TIME - "IN SERVICE" <u>0029</u>
CORRECT ADDRESS: <u>1905 Mineral Spring</u>		NO.	DIR.	NAME		TYPE <u>HAU</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

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

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	NAME	TIME	ON SCENE	STATION
<u>Eng</u>	<u>had</u>			
<u>H Doyle</u>	<u>S Horan</u>			<u>Capt Russo</u>
<u>D Doyle</u>	<u>R Ponte</u>			<u>M Rea</u>
<u>E DiGiulio</u>	<u>R DiBennardo</u>			<u>K Cullinan</u>
<u>R Paulin</u>	<u>P Phabbadia</u>			
<u>J McNeill</u>	<u>D Singleton</u>			

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

This report forwarded to headquarters on 1/23, 19 84 by H Doyle

INCIDENT 000136

902F

Shift 1 Co. No. 1 Station No. 1

FD ID 02400	INCIDENT NO. 000137	Exp. No.	MO. 01	DAY 24	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 1024	TIME - "IN SERVICE" 1050
CORRECT ADDRESS:	NO. 42	DIR.	NAME BROWN			TYPE A	ZIP CODE 02911	SIG 1 TIME

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 PUMPHrs.Min.				
	CTC					

(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
------------------------	-------------------

[illegible]

INCIDENT

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

This report forwarded to headquarters on 1-24, 1989 by Capt F. J. Amico

902F

Shift 1 Co. No. 13 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		01	24	54	TUESDAY 73	1024	1129
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	42		BROWN			AJ	0291	1026

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-29, 1947 by PT Williams

INCIDENT

000173

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 138

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00.0138</u>	Exp. No.	MO. <u>01</u>	DAY <u>24</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>3 12 38</u>	TIME - "IN SERVICE" <u>1 3 0 0</u>
CORRECT ADDRESS: <u>E-1</u>		NO. <u>1848</u>	DIR.	NAME <u>SMITH</u>		TYPE <u>9</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

INVESTIGATION

(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 PUMPHrs.Min.				
	CTC					

(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. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. D'Amico</u>				<u>St. Phillips</u>
<u>Det. J. Amato</u>				<u>St. Di. Sisto</u>
				<u>A. T. S. S. S.</u>
				<u>A. Rossi</u>
				<u>J. Silva</u>

INCIDENT

138

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

This report forwarded to headquarters on 1-24, 1984 by Capt. D'Amico
Ekh-4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 139 Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. <u>01</u>	DAY <u>24</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME	TIME - "IN SERVICE"
CORRECT ADDRESS:	NO.	DIR.	NAME <u>PURITAN</u>			TYPE <u>ST</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

R-1

COMPILED SERVICE

Med A: 15

(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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R THURBERG</u>				<u>F. Ricci</u>
<u>L Sanchez</u>				<u>J. CAGNO</u>
				<u>R. PONTE</u>
				<u>D. SCOTT</u>
				<u>P. LABBADIA</u>
				<u>R. Di MARTINO</u>
				<u>S. CAPRACOTTA</u>
				<u>J. CARDEIRO</u>
				<u>D. SIBBETON</u>
				<u>E. DiGiulio JR.</u>

INCIDENT

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

This report forwarded to headquarters on 1/24, 19 84 by [Signature]

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

CORRECT ADDRESS:

NO.

DIR.

NAME _____

TYPE

ZIP CODE

SIG
1 TIME

Medical Aid

COMPILED SERVICE

Mineral Spr. Gardens Apt #28

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on 1-23, 1984 by Lt. Capaldi

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	0001780001			25	84	Wednesday	1359	0035	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1805		M.S.R.			✓	02904	0000	

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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

19

by

by Lt. Copaldi

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 143 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00014300</u>	Exp. No. <u>00</u>	MO. <u>01</u>	DAY <u>26</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>5 0121</u>	TIME - "IN SERVICE" <u>0133</u>
CORRECT ADDRESS: <u>415</u>		NO. <u>415</u>	DIR. <u>Sunset</u>	NAME <u>Sunset</u>		TYPE <u>Av</u>	ZIP CODE <u>02909</u>	SIG TIME

Medical Aid

COMPILED SERVICE

Sunset terrace Apts. Apt # B-28

(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 PUMPHrs.Min.				
	CTC					

(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. <u>E-1</u>	TRUCK NO. <u>R-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Capaldi</u>	<u>J. Gresson</u>			<u>Lt. Bazzle</u>
<u>J. Grande</u>	<u>J. Casalino</u>			<u>K. Mayers</u>
<u>J. Cagno</u>				<u>B. Paulin</u>
<u>K. Osmarq</u>				
<u>J. Wheeler</u>				

INCIDENT

143

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

This report forwarded to headquarters on 1-26, 19 84 by Lt. Capaldi

902F

Shift 2 Co. No. 731 Station No. 7☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	000179	0001	01	26	84	Thursday	50121	0151	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME	
	415		Sunset			30	02904	0124	

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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on 1-26, 19 89 by Lt. Capaldi

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	144		01	26	84	Thursday	1917	0954
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	40		ALLEN			A	02911	

COMPILED SERVICE

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	✓	BOOSTER	50'		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
/	DRY CHEMICAL		3 INCH			
/	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.				
	CTC					

(E) LADDER USED

(F) OTHER EQUIPMENT

No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			1 FLOOD LIGHT
	DELUGE GUN		BANGOR			+ CORD
	CELLAR PIPE		EXTENSION			HANDLE BROKE
		✓	WALL	14'		ON LIGHT
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

INCIDENT I

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

This report forwarded to headquarters on 1-26, 1954 by Capt D Amico
Esq.

902F

Shift P Co. No. 146 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000146		01	26	84	THURSDAY	1340	1356
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
Box 3152	465		WOONASQUATUCKET AV.				02911	

E 2, 1, 4 - LAD 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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on JAN. 26,, 19 89 by Capt. J. D. Amico

INCIDENT

902F

Shift Co. No. Station No.

COMPILED SERVICE

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on 1-26-, 1984 by CAPT. MARWELL

INCIDENT 0049

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 148

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000189</u>	Exp. No.	MO. <u>01</u>	DAY <u>27</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>61001</u>	TIME - "IN SERVICE" <u>1048</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>ANGEL</u>		TYPE <u>AU</u>	ZIP CODE	SIG 1 TIME <u>1092</u>

R-1 TRANSPORTATION **COMPILED SERVICE** CENTREDALE SCHOOL

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. PHILLIPS</u>				<u>CPT. DIAMICO</u>
<u>LT. ROSSI</u>				<u>LT. DIGUICIO</u>
				<u>D. GIAMMARCO</u>
				<u>D. CLARK</u>
				<u>LT. ZARLENGA</u>
				<u>K. SCANDARIATO</u>

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

This report forwarded to headquarters on

11/27/ 1984 by LT. Phillips

INCIDENT

000189

902F

Fill In This Report In Your Own Words

Shift F Co. No. 147 Station No. 147☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	150		01	27	84	FRIDAY	6 10 02	1 0 0 7
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			140 LEXINGTON			AV		

E_4, E_3, E_5 LAD 2, 1

COMPILED SERVICE

YELL - EY

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

INCIDENT

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

This report forwarded to headquarters on

19

by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 150 Station No. 1 ☐ Revised Report

FD ID 02400 INCIDENT NO. 990191 Exp. No. 912784 MO. FRIDAY DAY OF THE WEEK 1443 ALARM TIME 1525 TIME - "IN SERVICE"

CORRECT ADDRESS: NO. 460 DIR. DOUGLAS NAME DOUGLAS TYPE AD ZIP CODE 1448 SIG 1 TIME 1448

PROV (MUTUAL AID) **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.	TRUCK NO.	TRUCK NO. <u>R-1</u>	ON SCENE		STATION
		<u>A. Rossi</u>			<u>Capt. D. Amico</u>
		<u>Lt. Phillips</u>			<u>Lt. Di Giulio</u>
					<u>K. Scandariato</u>
					<u>D. Grammasco</u>
					<u>A. Zerkow</u>
					<u>D. Clark</u>

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

This report forwarded to headquarters on Jan. 27, 19 84 by Lt. P. Phillips

INCIDENT 000191

902F

Shift 1 Co. No. 131 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000/52		01	27	84	Friday	1503	1517
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MINERAL SP			A	02911	

E-1-A-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 PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			Rescue #2
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 1-27, 1954 by Capt D. L. Langer

INCIDENT

152

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 152 Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. 195	Exp. No.	MO. 01	DAY 28	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 700	TIME - "IN SERVICE" 00115
CORRECT ADDRESS: 2072		NO.	DIR.	NAME SMITH		TYPE ST	ZIP CODE	SIG 1 TIME 0022

RESCUE RUN COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA 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.	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
<u>R-1</u>				<u>CAPT RUSSO</u>
<u>M. REA</u>				<u>LT DOYLE</u>
<u>J. McNEILL</u>				<u>S. MORAN</u>
				<u>R. MONTE</u>
				<u>D. DOYLE</u>
				<u>R. DiLEONARD</u>
				<u>P. IMBADDIA</u>
				<u>K. CULLINAN</u>
				<u>R. PAULIN</u>
				<u>D. SINGLETON</u>
				<u>D. DeStefano</u>

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

This report forwarded to headquarters on Jan 28, 19 84 by M. Rea

RESCUE
INCIDENT
195

902F

Shift A Co. No. 133 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	000200		01	28	84	SATURDAY	7 13 01	1 34 4	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	2160		M. S. A.				02904	1 30 2	

MED - A11)

(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 PUMPHrs.Min.				
	CTC					

(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			

[illegible]

This report forwarded to headquarters on JAN. 28, 19 84 by KOMARA

INCIDENT 000208

902F

Shift A Co. No. 154 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000156		01	28	84	SATURDAY	1307	1318
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2160		M.S.A.				02904	1308

$$ME_1 - A_1$$

(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 PUMPHrs.Min.				
	CTC					

(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
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[illegible]

This report forwarded to headquarters on JAN. 28, 1984 by K O MORA

INCIDENT

000156

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 155 Station No. 1

Revised
Report

FD ID 02400	INCIDENT NO. <u>000158</u>	Exp. No.	MO. <u>01</u>	DAY <u>28</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7 14 09</u>	TIME "IN SERVICE" <u>14 47</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>2 GREYSTONE</u>		TYPE <u>AV</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1411</u>

COMPILED SERVICE

AUTO C/Y

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER	<u>100</u>	
	SODA ACID		1½ INCH	<u>150</u>	
	PUMP TANKS		2½ INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. <u>20</u>Min.			
	CTC				

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

HYDRANTS USED AND TIME SUCTION HOSE USED

ENGINE TRUCK NO. <u>1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>F. RICCI</u>			<u>C-4</u>	<u>P. LABBADIA</u>
<u>K. O'MARA</u>				<u>S. CAPRACOTTA</u>
				<u>R. DIMARTINO</u>
				<u>L. SANCHEZ</u>

INCIDENT 000158

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

This report forwarded to headquarters on JAN. 28, 19 84 by PJT. K. O'MARA

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000205		CL	30	84	Monday	2 08 42	0 8 59
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			SMITH FIELD + NOTO			DR	02811	0845

E-4-R-1

COMPILED SERVICE

AUTO-ACC (Refused TRANS)

(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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

1-30, 1984 by St Phillips
Ellen

INCIDENT

000205

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000/65		01	30	84	Monday	2:15:13	1:51:19
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	36		Sunset			As	62911	

608 K-047 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 PUMPHrs.Min.				
	CTC					

(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

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

165

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 158 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000166</u>	Exp. No.	MO. <u>01</u>	DAY <u>30</u>	YEAR <u>84</u>	DAY OF THE WEEK	ALARM TIME <u>16.22</u>	TIME - "IN SERVICE" <u>16.26</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>60 URBAN AVE</u>			TYPE	SIG 1 TIME

E5, E4, E3 LAO 1, 2 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. DIGUILIO</u>				<u>CPM D'AMICO</u>
<u>J. SILVA</u>				<u>LT. PHILLIPS</u>
<u>R. PAULIN</u>				<u>D. GIAMMARCO</u>
<u>E. DIGUILIO JR</u>				<u>PT. ZARLNGA</u>
				<u>D. Di CRIO</u>

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

This report forwarded to headquarters on

11/30/84 by H. Di Giulio

INCIDENT

00166

902F

Shift 1 Co. No. 121 Station No. 1 Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	000167	0001	30	84	Monday	2	18:29	18:38	1840 CAD
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	01		North Howard			Av	02811	1839	

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type	
	LADDER PIPE		AERIAL		1	Smoke Ejector	
	DELUGE GUN		BANGOR				
	CELLAR PIPE		EXTENSION				
			WALL				
			ROOF				
			FOLDING				

[illegible]

This report forwarded to headquarters on 11/30, 1984 by CAPT Maxwell

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 160 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000171	Exp. No.	MO. 01	DAY 13	YEAR 184	DAY OF THE WEEK Tuesday	ALARM TIME 3:22:37	TIME - "IN SERVICE" 22:59
CORRECT ADDRESS:		NO. 2226	DIR. 1	NAME Mineral Spring		TYPE AU	ZIP CODE 02911	SIG 1 TIME 2239

E-1 C/yellow

COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.
	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
<u>E-1</u>				
<u>Lt. Doyle</u>				<u>Capt. Russo</u>
<u>R. Ponte</u>				<u>D. Doyle</u>
<u>R. Paylin</u>				<u>M. Rla</u>
<u>R. DiLeonardo</u>				<u>P. Koolrick</u>
<u>D. Singleton</u>				<u>A. McNeil</u>
				<u>S. Horan</u>

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

This report forwarded to headquarters on 1/31/, 19 84 by Lt Doyle

INCIDENT 000171