

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 971 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1302	Exp. No.	MO. 07	DAY 02	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 20431	TIME - "IN SERVICE" 0518
CORRECT ADDRESS: 1803		NO.	DIR.	NAME M. S.A.		TYPE	ZIP CODE	SIG 1 TIME 0434

RESCUE RUN

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type		No.	Size	Total Ft.	No.	Floor or Roof
	FOAM			BOOSTER			
	SODA ACID			1½ INCH			
	PUMP TANKS			2½ INCH			
	DRY CHEMICAL			3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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	
B-1				LT DOYLE	
M. REA				PONTE	
P. RODERICK				HORAN	
				PAULIN	
				SINGLETON	
				P. LABB.	
				J. HORAN	
				F. RICCI	

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

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

RESCUE
INCIDENT
1302

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

19 89 by

A. Rossi

902F

Fill In This Report In Your Own Words

Shift 1 Co. No. 119 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO 1305	Exp. No.	MO 7	DAY 2	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 1947	TIME "IN SERVICE" 1525
CORRECT ADDRESS:	NO.	DIR.	NAME 300 S. M. T. R. C. D. Ave			TYPE	ZIP CODE 02809	SIG 1 TIME 1448

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 July 2, 1988 by A. Rossi

INCIDENT I

902F

Shift 1 Co. No. 725 Station No. 1☐ Revised Report

FD ID	INCIDENT NO	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1143		07	02	84	MONDAY	1604	1628
CORRECT ADDRESS	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1951		SMITH			15		

COMPILED SERVICE

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 1-2, 1977 by East School

INCIDENT

902F

Shift 1 Co. No. 176 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1144		07	02	84	MONDAY	1620	1621
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	50		OPP WATERMAN			AV		

E-4-3 + LAO 1

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 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 1-2, 1961 by Mr. [Signature]

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

SS- Evg 1

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

1145

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	1307	072	84	Monday	1625	1702		
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME		
	4		RED FERN	57		1627		

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM ^{1/2}		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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 980

Station No. #1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1308	Exp. No.	MO. 07	DAY 02	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 2:18	TIME - "IN SERVICE" 3:42
CORRECT ADDRESS:			NO.		DIR. St. Johns		TYPE CR	
							ZIP CODE 02911	
							SIG 1838	

R-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		

MED. AID

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>E. Sanchez</u>	<u>CAPT. LABBADIA</u>			<u>D. Scott</u>
<u>K. Sullivan</u>	<u>S. Capracotta</u>			

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

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

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 9780 Station No. #1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001146	Exp. No.	MO. 07	DAY 02	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 21838	TIME -- "IN SERVICE" 1852
CORRECT ADDRESS:		NO.	DIR.	NAME ST. Johns		TYPE K.R.	ZIP CODE 02911	SIG 1 TIME

SS-E-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		ASSIST RESCUE
	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>CAPT. LABBADIA</u>	<u>L. SANCHEZ</u>			<u>D. Scott</u>
<u>S. GARRACOTTA</u>	<u>K. CULLINAN</u>			

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

This report forwarded to headquarters on July 2, 19 84 by Pvt. S. Garracotta

INCIDENT 001146

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 _____, 19 ____ 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

[illegible]

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

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 00148

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1st

Co. No. 984

Station No. 1

☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>1312</u>	Exp. No.	MO. <u>7</u>	DAY <u>3</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>10:14</u>	TIME - "IN SERVICE" <u>11:04</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>243 SMITH ST</u>		APT. TYPE <u>124</u>	ZIP CODE	SIG 1 TIME <u>1019</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>P-1</u>				<u>CAPT DAMICO</u>
<u>A. Rossi</u>				<u>AL. ZARLERA</u>
				<u>J. LANE</u>
				<u>K. Scandriato</u>

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

This report forwarded to headquarters on July - 3, 19 84 by A. Rossi

INCIDENT

1312

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	001314		7	4	89	TUESDAY	1704	1205
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE		ZIP CODE	SIG 1 TIME
			RW 6H To MALCOM					105

Yoran's Portation **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 Jul 9 3, 1944 by M. Koss

INCIDENT

~~1314~~

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 Jan 3 1952, 1952 by

INCIDENT

902F

Shift 1 Co. No. 387 Station No. 1

Revised Report

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

[illegible]

This report forwarded to headquarters on July 3, 1954 by John [unclear]

INCIDENT

1316

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 988 Station No. 1 ☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>0,0,1,1,5,1</u>	Exp. No. <u>0,0</u>	MO. <u>0,7</u>	DAY <u>0,3</u>	YEAR <u>8,4</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>3,2,0,2,9</u>	TIME - "IN SERVICE" <u>2,0,3,3</u>
CORRECT ADDRESS: <u>Box #7446</u>		NO. <u>E-5,4,3</u>	DIR. <u>L-1</u>	NAME <u>URBAN</u>		TYPE <u>AV</u>	ZIP CODE <u>0,2,9,0,4</u>	SIG 1 TIME

CODE Yellow: E-5

(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>L-1</u>				<u>Dep. Chief DiGiulio</u>
<u>LT. BAZZLE</u>				<u>Dist. Chief Murphy</u>
<u>J. CAGNO</u>				<u>CAPT. RUSSO</u>
<u>R. PAULIN</u>				<u>LT. CAPALDI</u>
<u>R. PONTE</u>				<u>J. GREGSON</u>
<u>D. SINGLETON</u>				<u>J. GRANDE</u>
<u>M. MURPHY</u>				<u>K. MAYERS</u>
				<u>J. CASALINO</u>
				<u>J. McNeill</u>
				<u>J. Wheeler</u>
				<u>CAPT. RUGGIANO</u>

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

This report forwarded to headquarters on July 3, 19 84 by Lt. Eric Bazzle

INCIDENT

001151

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 989 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1152	Exp. No. 0.0	MO 0.7	DAY 0.3	YEAR 8.4	DAY OF THE WEEK TUESDAY	ALARM TIME 3 2053	TIME - "IN SERVICE" 2055
CORRECT ADDRESS: C/YE-5 Box 7446	NO. 69	DIR. Urban	NAME Urban Ave. Apts.			TYPE Av	ZIP CODE 02904	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.	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
LT. BAZZLE			✓	DEPT. Chief DiGiulio
J. CAGNO				DIST. Chief Murphy
R. PAULIN				CAPT. RUGGIANO
K. COLLIVAN				LT. B. DiGiulio
M. MURPHY				LT. CAPALDI
				J. GREGSON
				J. GRANDE
				J. WHEELER
				K. MAYERS
				J. CASALINO
				R. PONTA
				D. SINGLETON
				J. McNeill
				CAPT. RUSSO

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

This report forwarded to headquarters on July 3, 19 84 by Lt. Eric Bazzle

INCIDENT

001152

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 990 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001318</u>	Exp. No.	MO. <u>07</u>	DAY <u>03</u>	YEAR <u>82</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>132134</u>	TIME - "IN SERVICE" <u>22416</u>
CORRECT ADDRESS: <u>2050</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>ST</u>	ZIP CODE	SIG 1 TIME <u>20136</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. Gregson</u>	<u>SR</u>		✓	<u>Amel</u> <u>AS</u> <u>#984</u>
<u>J. Gregson</u>				

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

This report forwarded to headquarters on July 3rd, 1982 by John Gregson

INCIDENT 1318

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	001155	00	07	03	84	Wednesday 4	0207	0211	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
			Allendale			Av	02911		

C/YE-2 shack

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

Lt. Capaldi

INCIDENT

1155

902F

Shift 1 Co. No. 112 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001156		07	04	84	WEDNESDAY	40949	0951
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	60		URBAN			AVE	02908	

Box 7886

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-, 1947 by CAPT. MARWELL

INCIDENT

1156

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 993 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1157	Exp. No. 00	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 4:10:33	TIME -- "IN SERVICE" 1:05:00
CORRECT ADDRESS: 21001 HIGH SERVICE		NO.		DIR.		NAME 14V		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. MARWELL</u>	<u>K. ERICKSON</u>			<u>R. LANORY</u>
<u>D. DI IORIO</u>	<u>E. DI GIULIO JR</u>			<u>R. PAULIN</u>
				<u>R. LINCOLN</u>

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

This report forwarded to headquarters on July 4, 19 84 by K. Erickson

INCIDENT 1157

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 994 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001320	Exp. No.	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 4 17 27	TIME - "IN SERVICE" 12 04
CORRECT ADDRESS:		NO. 17	DIR.	NAME BROOKSIDE		TYPE 1 AVE.	ZIP CODE 02911	SIG 1 TIME 112P

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>R-1</u>			✓	CHIEF MURPHY
<u>R. LINCOLN</u>				CAPT. MARWEY
<u>K. LANDRY</u>				LT. CICERONE
				D. DI TORIO
				D. BAZZIE
				R. PAULIN
				E. D. GIULIO
				K. ERICKSON
				P. LABBADA

INCIDENT

1300

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

This report forwarded to headquarters on 7-4-, 1984 by CAPT. MARWEY

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 995 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001158	Exp. No.	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 4/20/1	TIME - "IN SERVICE" 1204
CORRECT ADDRESS: Box 7446		NO.	DIR.	NAME URBAN		TYPE AVE.	ZIP CODE 02904	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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
6-1				CAPT. MARWELL
LT. Cicerone				CHIEF MURPHY
K. ERICKSON				D. DiToro
P. LABBADIO				E. D. Giulio
				D. BAZZIE
				R. PAULIN
				R. LINCOLN
				K. LANDRY
				B. HINES

INCIDENT 1158

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

This report forwarded to headquarters on 7-4- 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 996 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 001159	Exp. No.	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 4:41	TIME "IN SERVICE" 1:41:13
CORRECT ADDRESS: 20		NO.	DIR.	NAME Mc Guire		TYPE RD	ZIP CODE 02904	SIG 1 TIME 1411

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
E-1				
CAPT. MARWELL				LT. CICERO
D. DI IORIO				E. D. GIULIO
B. HINES				K. ERICKSON
J. McNeill				P. LABBADA
F. VESCEGA				P. RODERICK
				R. LINCOLN
				R. PAULIN
				K. LANDRY

INCIDENT

1159

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

This report forwarded to headquarters on 7-4-84 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 997 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001162	Exp. No.	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 42125	TIME - "IN SERVICE" 2129
CORRECT ADDRESS: 60		NO.	DIR.	NAME URBAN		TYPE AVE.	ZIP CODE 02904	SIG 1 TIME

Box 7446 **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>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO.	ON SCENE	STATION
<u>CAPT. MARWELL</u>	<u>D. Cicerone</u>			<u>DET. CH. DiGiulio</u>
<u>D. DiIorio</u>	<u>D. Bazzie</u>			<u>CHIEF MURPHY</u>
<u>J. McNeill</u>	<u>B. Hines</u>			<u>CAPT. RUGGIANO</u>
<u>K. Cullinan</u>	<u>R. Paulin</u>			<u>K. Landry</u>
				<u>R. Lincoln</u>
				<u>S. Bauman</u>

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

This report forwarded to headquarters on 7-4-, 1984 by CAPT. MARWELL

INCIDENT 1162

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 998 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001163	Exp. No.	MO 07	DAY 04	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 42135	TIME - "IN SERVICE" 2142
CORRECT ADDRESS: 950 MINERAL SPRING AVE		NO.	DIR.	NAME		TYPE	ZIP CODE 02904	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.			
	OTC				

(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>DEP. CH. DiGiulio</u>
<u>D. DiIorio</u>				<u>CHIEF MURPHY</u>
<u>J. McNeill</u>				<u>CAPT. RUGGIANO</u>
<u>K. CULLINAN</u>				<u>D. C. CERONE</u>
				<u>D. BAZZIE</u>
				<u>B. HINES</u>
				<u>R. PAULIN</u>
				<u>K. LANDRY</u>
				<u>R. LINCOLN</u>
				<u>S. BAUMAN</u>
				<u>S. CAPRACOTTA</u>

INCIDENT

1163

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

This report forwarded to headquarters on 7-4- 84 by CAPT. MARWEIL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 999 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1165	Exp. No.	MO. 07	DAY 04	YEAR 84	DAY OF THE WEEK WED.	ALARM TIME 42206	TIME - "IN SERVICE" 2213
CORRECT ADDRESS: 1111 CHERRY			NO.		DIR.		NAME ST	
							ZIP CODE 02904	
							SIG 1 TIME	

E-1-2 L-1 CY Robbist 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
E-1	L-1		✓	Chief MURPHY
CAPT. MARWELL	D. Cicerone			CAPT. Ruggiano
D. D'Iorio	D. BAZZLE			K. LANDRY
J. McNeill	R. PAULIN			R. LINCOLN
S. CAPPICOTTA				S. BAUMAN
K. COLLINAN				P. Labbidia
				ED. DiGiulio

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

This report forwarded to headquarters on July 4, 1984 by Chief Murphy

INCIDENT

1165

902F

Fill In This Report In Your Own Words

Shift C Co. No. 1000 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1167		07	04	84	WED	4 2216	2 21 e
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Bicentennial WAY				02911	

Box 161 Code Blue

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

1161

902F

Fill In This Report In Your Own Words

Shift C Co. No. 1001 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1168	07	94	84		WED	2222	2225
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Woodhaven			B1	02911	

Box 1515 CodeBlue 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 July 4, 1989 by Chaf Muzh

INCIDENT

902F

Fill In This Report In Your Own Words

BRAYTON School

COMPILED SERVICE

Box # 6144

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on July - 5, 1984 by COPY W Amico

AR

SUPPLEMENTARY REPORT

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	0001325		07	05	84	THURSDAY	51026	1054	
CORRECT ADDRESS:	NO.	DIR	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1535		SMITH			ST		1028	

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

001325

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1004 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001175	Exp. No.	MO 07	DAY 05	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 521.08	TIME - "IN SERVICE" 21.10
CORRECT ADDRESS:		NO.	DIR.	NAME Bicentennial (near hocus) way		TYPE	ZIP CODE 02904	SIG 1 TIME

E1,4,3 L-1 C/Blue **COMPILED SERVICE** **Box 161**

(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
Eng	Lad			
Lt. Doyle	Capt. Russo			Capt. Ruggiano
E. Ricci	B. Nicastro			P. Roderick
J. McNeill	S. Horan			R. Pashin
M. Murphy	J. Horan			P. Rochebeau

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

This report forwarded to headquarters on 7/5, 19 84 by Lt. Doyle

INCIDENT 001175

902F

Shift 5 Co. No. 1005 Station No. 1

E-1, H, L-1, R-1

(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 7/6, 19 84 by Lt. Doyle

INCIDENT 001178

902F

Shift D Co. No. 1006 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 1389	Exp. No.	MO. 07	DAY 06	YEAR 84	DAY OF THE WEEK Friday	ALARM TIME 6 03 02	TIME -- "IN SERVICE" 0 3 53
CORRECT ADDRESS:	NO. 520	DIR.	NAME Smithfield			TYPE Rd	ZIP CODE 02904	SIG 1 TIME 0304

E-1, 4 L-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			

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 July 6, 1954 by H. Palmer Hodson

INCIDENT

1379

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	1179		07	06	84	FRIDAY	61016	1028
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			1964 SMITH ST					

E-1 AUTO FIRE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

15

b)

INCIDENT I

902F

Shift A Co. No. 100 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1332		07	08	54	Friday	1647	1651
CORRECT ADDRESS:	NO.	DIR	NAME			TYPE	ZIP CODE	SIG 1 TIME
			10000			ST		1649

E-4 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			

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

This report forwarded to headquarters on 7-6, 1957 by [Signature]

INCIDENT

1538

902F

Shift 11 Co. No. 1009 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1333		7	6	84	FRIDAY	1916	2000
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG. TIME
	1830		MSA				0911	1917

N.P.E.R. RE: 51

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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>REST</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>B. Cullinan</u>			✓	<u>CHIEF MURPHY</u>
<u>CAPT. LAZARUS</u>				<u>F. RICE</u>
				<u>D. SCOTT</u>
				<u>P. HABBARD</u>
				<u>S. CAPRACIO</u>
				<u>R. J. MARTINE</u>
				<u>L. SAUTER</u>
				<u>F. VEXERA</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 02400	INCIDENT NO. 1184	Exp. No.	MO. 07	DAY 06	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 21:43	TIME - "IN SERVICE" 21:46
CORRECT ADDRESS:	NO.	DIR.	NAME MIN. Spr. & Brown			TYPE AV	ZIP CODE 02911	SIG 1 TIME

Box 129

Code Blue **COMPILED SERVICE**

E 14 1-1

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

1873

902F

Shift A Co. No. 1011 Station No. 7

Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
			07	06	89	Friday	6 21 43	2	1 4 6
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	2087		Mini Springs			Av	02911	2	1 4 3

Res. 1 SS E-1 COMPILED SERVICE

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

1184

902F

Shift A Co. No. 1012 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY-OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001185		07	06	84	Friday	62148	2156
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	2037		MINERAL SPRING			NO	0280	

E-1 ss

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
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[illegible]

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

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

INCIDENT

1165

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 11A

Co. No. 1013

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1186</u>	Exp. No.	MO. <u>07</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>1623</u>	TIME - "IN SERVICE" <u>1723</u>
CORRECT ADDRESS: <u>LYDIA + OXFORD</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME

E5421

COMPILED SERVICE

2/B

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 PIRE		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>F. RICCI</u>				<u>CAPT. LABBADA</u>
<u>P. LABBADA</u>				<u>D. SCOTT</u>
<u>L. SANCHEZ</u>				<u>S. CAPRACOTTA</u>
				<u>R. DIMARTINO</u>
				<u>F. VESCEA</u>
				<u>K. COLLINAN</u>

INCIDENT

1186

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

This report forwarded to headquarters on 7-6, 19 84 by PUT. Robert Dimartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 1014

Station No. 2

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>11182</u>	Exp. No.	MO. <u>07</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6 23 14</u>	TIME - "IN SERVICE" <u>2 3 1 2</u>
CORRECT ADDRESS: <u>E-5-Y L-1</u>		NO.	DIR.	NAME <u>WOODWARD + LYDIA</u>		TYPE	ZIP CODE <u>02464</u>	SIG 1 TIME

COMPILED SERVICE 4/13

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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>F. RICCI</u>				<u>CAPT. LABBADA</u>
<u>P. LABBADA</u>				<u>D. SCOTT</u>
<u>L. SANCHEZ</u>				<u>S. CAPRACOTTA</u>
				<u>R. DIMARTINO</u>
				<u>F. UESCERA</u>
				<u>K. CULLINAN</u>

INCIDENT 1182

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

This report forwarded to headquarters on 7-6, 19 84 by PVT. R. DiMartino

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	88		07	07	84	SATURDAY	9030	0032
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			WOODWARD + Lydia Rd				02911	

E-5, 4 4-1

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
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[illegible]

INCIDENT I

188

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

This report forwarded to headquarters on July 7, 19 84 by J. Capriccio

902F

Shift B Co. No. 1016 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001138		7	7	84	Saturday 7	12.33	12.50
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	250		Smithfield Rd.			RA	02904	12.35

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

[illegible]

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

This report forwarded to headquarters on 7-7, 19 84 by Bob Fowler

INCIDENT

1158

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1017 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001339</u>	Exp. No. <u>00</u>	MO. <u>07</u>	DAY <u>07</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>1612</u>	TIME - "IN SERVICE" <u>1636</u>
CORRECT ADDRESS: <u>M.A.</u>		NO. <u>1569</u>	DIR. <u>Douglas</u>	NAME <u>Douglas</u>		TYPE <u>Av</u>	ZIP CODE <u>02909</u>	SIG TIME <u>1616</u>

COMPILED SERVICE

Bldg. C-32

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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>D. Gregson Sr.</u>				<u>Dept. Chief</u>
<u>B. Poulin</u>				<u>Lt. Capaldi</u>
				<u>Lt. Bazzle</u>
				<u>J. Cogno</u>
				<u>J. Grande</u>
				<u>J. Wheeler</u>
				<u>D. DeStefano</u>
				<u>S. Horan</u>
				<u>D. Singleton</u>
				<u>K. O'Rourke</u>
				<u>R. Pont</u>

INCIDENT

1339

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

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

902F

Shift C Co. No. 1018 Station No. 1

Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001192		07	08	84	SUNDAY	10954	1017
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	39		GEORGE			St.	02011	

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 1-8-, 1954 by CAPT. MARWELL

INCIDENT

1192

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

7-8-

16

by

CAPT-MARWELL

INCIDENT

1193

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

19 8/4 by

by

902F

Shift

Co No

Station No. _____

☐ Revised Report

Box 145

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 1-8-, 1954 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 1022

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001197	Exp. No.	MO. 07	DAY 08	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 11696	TIME - "IN SERVICE" 1653
CORRECT ADDRESS:		NO. 459		DIR. WOONASQUATUCKET		NAME AVE		SIG 1 TIME

Box 3151

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. MARWELL</u>	<u>LT. CICERONE</u>			<u>CAPT. RUGGIANO</u>
<u>D. BAZZIE</u>	<u>D. DI TORIO</u>			<u>F. RICCI</u>
<u>D. CICERONE</u>	<u>E. DIGIULIO</u>			<u>P. LABBADIA</u>
<u>B. HINES</u>				<u>J. McNeill</u>

INCIDENT

1197

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

This report forwarded to headquarters on 7-8- 1984 by CAPT. MARWELL

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	001198		07	08	84	Sunday	12321	2328
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	33		Redken 3rd FL.			ST.	02911	

E-1 R-1 M.A.

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 87 by

by

INCIDENT 00198

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"	Report
02400	11344	0508	89			Sunday	12321	2352	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	33		Redfern			ST	029	2334	

E-1R-1

COMPILED SERVICE

M. A.

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 _____, 19____ by _____

INCIDENT

1344

902F

Shift 1 Co. No. 1023 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME = "IN SERVICE"
02400	001346		07	09	84	Monday	202590	323
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	20		MC GLIRE			RD	02904	0301

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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-, 1957 by CAPT. MARWEN

INCIDENT I

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1026 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001200</u>	Exp. No.	MO. <u>07</u>	DAY <u>29</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>2030</u>	TIME "IN SERVICE" <u>0310</u>
CORRECT ADDRESS: <u>20</u>		NO.	DIR.	NAME <u>McGuire</u>		TYPE <u>RD</u>	ZIP CODE <u>02904</u>	SIG 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-1</u>	<u>E-1</u>			
SAME AS #1025				

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

This report forwarded to headquarters on 7-9, 1984 by CAE. M. M. M.

INCIDENT

100

902F

Shift

Co. No.

Station No.

Revised Report

COMPILED SERVICE

[illegible]

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

INCIDENT

902F

Shift 1 Co. No. 1028 Station No. 1

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on 7-9, 1944 by _____

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

20

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1031 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 001205	Exp. No.	MO. 07	DAY 09	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 223.03	TIME - "IN SERVICE" 23.06
CORRECT ADDRESS: Box Alarm		NO.	DIR.	NAME WENSCOTT & Meadow		TYPE	ZIP CODE 02904	SIG 1 TIME

Box Alarm E-4-3 + 21 COMPILED SERVICE **c/s**

(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
Lad			✓	Capt. Russo
S. Horan				Lt. Doyle
R. Ponte				F. Ricci
D. Singleton				D. DeStefano
J. Horan				T. McNeill
				M. Reg
				R. Poulin
				P. Rochebeau

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

This report forwarded to headquarters on 7/9, 19 84 by Lt. Doyle

INCIDENT 001205

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1032 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001206	Exp. No.	MO. 07	DAY 10	YEAR 98	DAY OF THE WEEK Monday	ALARM TIME 23:08	TIME - "IN SERVICE" 23:11
CORRECT ADDRESS:		NO.	DIR.	NAME Sherwood + Berwick IAU		TYPE	ZIP CODE 02911	SIG 1 TIME 2319

E-14, L-1 C/Blue

COMPILED SERVICE Box 125

(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
Eng	Lad			
H. Doyle	S. Horan			Capt. Russo
F. Ricci	R. Ponte			M. Rea
J. McNeill	D. Singheton			R. Paulin
D. Destefano	J. Horan			P. Rochebeau

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

This report forwarded to headquarters on 7/9, 1984 by H. Doyle

INCIDENT 001206

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	001361		07	10	84	TUESDAY	1215	1231
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	26		A. DRICH			ST.	02911	1215

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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, 1944 by _____

INCIDENT

1361

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 1034

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>112108</u>	Exp. No.	MO. <u>07</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>3 20 19</u>	TIME - "IN SERVICE" <u>2 0 218</u>
CORRECT ADDRESS: <u>291 MC GUIRE</u>		NO.	DIR.	NAME <u>IRID</u>		TYPE	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1210210</u>

COMPILED SERVICE

LOCK OUT

(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	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>				<u>D. SCOTT</u>
<u>CAPT. LARRADIA</u>				<u>R. DIMARTINO</u>
<u>F. RICCI</u>				<u>L. SANCHEZ</u>
<u>F. VESCEIRA</u>				<u>S. CAPRACOTTA</u>
				<u>K. CULLINAN</u>

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

This report forwarded to headquarters on 7-10, 19 84 by PVT. R. DiMartino

INCIDENT

1208

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 1037

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1362</u>	Exp. No.	MO. <u>07</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>3 22 33</u>	TIME — "IN SERVICE" <u>2 30 2</u>
CORRECT ADDRESS: NO. <u>101</u> DIR. <u>TANGLE WOOD</u>		NAME		TYPE <u>LINE</u>		ZIP CODE		SIG 1 TIME <u>22.36</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 PUMP			
x	QTC	Hrs.Min.			

(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>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. CULLINAN</u>				<u>CAPT. LARBADIA</u>
<u>L. SANCHEZ</u>				<u>D. SCOTT</u>
				<u>R. DIMARTINO</u>
				<u>S. CAPRACOTTA</u>
				<u>F. VESCIERA</u>

INCIDENT 1362

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

This report forwarded to headquarters on July 10, 1984 by [Signature]

902F

Shift "A" Co. No. 1038 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	112112	07	110	84	TUESDAY	3	31242	2250
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	31		PROGRESS			1A4		3244

ASSIST RESCUE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 7-10, 1984 by PUT. R. DiMartino

INCIDENT

1212

SUPPLEMENTARY REPORT

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	001217		07	11	84	WED	1616	1623
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1776		Bicentennial			ny	12911	
E-1 Baugh COMPILED SERVICE								

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

19

by

INCIDENT

1217

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill in This Report
In Your Own Words

Shift B

Co. No. 1041

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001345</u>	Exp. No. <u>0007</u>	MO <u>11</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>4:08</u>	TIME - "IN SERVICE" <u>1:52</u>
CORRECT ADDRESS: <u>M.A. & E-4</u>		NO. <u>250</u>	DIR. <u>Smith Field</u>	NAME <u>Smith Field</u>		TYPE <u>Rd</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1:52</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>Lt. Capaldi</u>
<u>J. Gregson</u>				<u>Lt. Bazzie</u>
<u>D. Gregson Sn</u>				<u>J. Cogno</u>
				<u>H. Ormang</u>
				<u>J. Grande</u>
				<u>D. DeStefano</u>
				<u>J. Casalino</u>
				<u>B. Lincoln</u>
				<u>H. Mayers</u>

INCIDENT

1365

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

This report forwarded to headquarters on

7/11

, 19

84

by

Lt. Capaldi

902F

Shift B Co. No. 1042 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001366	07	11	86	Wed	4:18	19	2.7
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	10		Lafayette			53		1845

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 7-11, 1984 by John C. [illegible]

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1043 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00136700</u>	Exp. No. <u>07</u>	MO. <u>11</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wed.</u>	ALARM TIME <u>4:19:39</u>	TIME - "IN SERVICE" <u>20:58</u>
CORRECT ADDRESS <u>M.A.</u>		NO. <u>24</u>		DIR. <u>Howard</u>		NAME <u>Ar.</u>		SIG <u>19413</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

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

This report forwarded to headquarters on 7/11, 19 84 by Lt. Capaldi

INCIDENT 1367

Sec.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1044 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001219	Exp. No. 0007	MO 11	DAY 84	YEAR Wednesday 4	DAY OF THE WEEK 2105	ALARM TIME 2107	TIME - "IN SERVICE"
CORRECT ADDRESS: C/B E-5 Box 315		NO. Franklin	DIR. & Cleveland	NAME St		TYPE 02901	ZIP CODE 02901	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>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Bazzle</u>			✓	<u>Dept. Chief</u>
<u>J. Cagno</u>				<u>Lt. Capaldi</u>
<u>B. Paulin</u>				<u>J. Grande</u>
<u>K. Omarq</u>				<u>P. Roderick</u>
<u>J. Wheeler</u>				<u>D. DeStefano</u>
				<u>B. Lincoln</u>
				<u>J. Casalino</u>
				<u>J. Gregson</u>
				<u>J. Gregson Sr.</u>
				<u>H. Moyers</u>

INCIDENT

1219

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

This report forwarded to headquarters on 7/11, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1045 Station No. 1

FD ID 02400 INCIDENT NO. 1220 Exp. No. 0711 MO. 84 DAY OF THE WEEK WEDNESDAY ALARM TIME 2217 TIME - "IN SERVICE" 2230

CORRECT ADDRESS NO. 2072 DIR. Smith NAME Smith TYPE ST ZIP CODE 02911 SIG 1 TIME 2220

M.A.

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. 1</u>	<u>RES 1</u>		✓	<u>C-2</u>
<u>Lt. Capaldi</u>	<u>J. GREGSON SR.</u>			<u>C-5</u>
<u>K. MAYERS</u>	<u>J. GREGSON JR.</u>			<u>Lt. DiGiulio</u>
<u>J. CASALINO</u>				<u>K. O'MARA</u>
<u>R. LINCOLN</u>				<u>J. CAGNO</u>
<u>D. DESTEFANO</u>				<u>J. WHEELER</u>
<u>J. GRANDE</u>				<u>J. GRANDE</u>
				<u>C-24</u>
				<u>Lt. BAZZLE</u>
				<u>R. POULIN</u>

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

This report forwarded to headquarters on July 11, 1984 by K O'Mara

INCIDENT

1220

902F

Shift

Co. No.

Station No.

Revised Report

M. A.

COMPILED SERVICE

Apt. # 1001

(D) MASTER STREAM APPLIANCES

(D) MASTER STREAM APPLIANCES (E) LADDER USED

(D) MASTER STREAM APPLIANCES **(E) LADDER USED** **(F) OTHER EQUIPMENT**

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

This report forwarded to headquarters on

19

by

Lt. Capaldi

INCIDENT

1368

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1047 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001221	EXP. NO. 0007	MO. 11	DAY 84	YEAR Wednesday 4	DAY OF THE WEEK 2329	ALARM TIME 2357	TIME "IN SERVICE" 2357
CORRECT ADDRESS:		NO. 1985	DIR. Smith	NAME ST. 02911		TYPE 1	ZIP CODE 1	SIG 1

C/V E-1

COMPILED SERVICE

Faulty dial alarm

(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
<i>E-1</i>	<i>L-1</i>			
<i>Lt. Capaldi</i>	<i>K. Omara</i>			<i>Lt. Bozelle</i>
<i>K. Mayers</i>	<i>J. Cagno</i>			<i>J. Gregson</i>
<i>B. Lincoln</i>	<i>B. Paulin</i>			<i>D. Gregson Sr.</i>
<i>J. Wheeler</i>				
<i>D. DeStefano</i>				
<i>J. Casolino</i>				

INCIDENT 1221

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

This report forwarded to headquarters on 7/11, 19 84 by Lt. Capaldi

902F

Shift B Co. No. 1048 Station No. 1

FD ID	INCIDENT NO.	Exp No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	021347		07	10	84	Thursday	501.32	02.26
CORRECT ADDRESS:	NO.	DIR	NAME			TYPE	ZIP CODE	SIG 1 TIME
	21		Bldg. 26			157		01.35

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 July 12th, 1984 by John Sullivan

INCIDENT

1369

902F

Shift

Co. No.

Station No.

☐ Revised Report

Σ-124 LY **COMPILED SERVICE** CH Σ-1

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

19

bv

INCIDENT

122

902F

Shift 1 Co. No. 1030 Station No. 1

FD ID	INCIDENT NO	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001223		07	12	84	Thursday	0942	0942
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	1 TIME
	1831		Smith			58	0911	0943

COMPILED SERVICE

АзТo - ACC

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

7-12, 1954 by Capt. W. M. Moore
E. A. S.

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

1907 by

INCIDENT DD 1371

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift <u>1</u>		Co. No. <u>1052</u>		Station No. <u>1</u>		☐ Revised Report	
FD ID 02400	INCIDENT NO. <u>001225</u>	Exp. No.	MO. <u>07</u>	DAY <u>12</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>11:02</u>
CORRECT ADDRESS: <u>2050</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>1st</u>	ZIP CODE <u>02911</u>
						SIG TIME <u>11:03</u>	<u>3.3</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. I.</u>				<u>St. DeGaulle</u>
<u>CAPT D'Amico</u>				<u>A. Rossi</u>
<u>S. CATANZARO</u>				<u>K. SCANDARATO</u>
<u>J. KORAN</u>				<u>J. LANE</u>
				<u>B. MORRISSE</u>
				<u>J. CAGNOLI</u>

INCIDENT

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

This report forwarded to headquarters on 7-12, 19 84 by Capt D'Amico
Cal P

902F

Shift

Co. No.

Station No. _____

Revised Report

COMPILED SERVICE

(E) LADDER USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on 7-12, 1964 by _____

INCIDENT

1323

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	1226		07	12	84	Thursday	1250	1253
CORRECT ADDRESS	NO	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	248		Grovesenior			PUE		

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 7-12, 1984 by _____

INCIDENT

225

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	1376		07	12	84	Thursday	1356	1430	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
		2501		SMITHFIELD		RD	02964	1358	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 ~~4~~ by

INCIDENT

1376

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1056 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001328</u>	Exp. No.	MO. <u>07</u>	DAY <u>12</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>151828</u>	TIME - "IN SERVICE" <u>1852</u>	
CORRECT ADDRESS: <u>311 LOCUST AVE</u>		NO.	DIR.	NAME		TYPE	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1829</u>	

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.	TRUCK NO.	ON SCENE	STATION
<u>K. LANDRY</u>			✓	<u>D. DiToro</u>
<u>F. UESCERA</u>				<u>E. DiGiulio Jr.</u>
				<u>F. Ricci</u>
				<u>B. HINES</u>
				<u>LT. DOYLE</u>
				<u>R. DE CARLO</u>
				<u>R. Paulin</u>

INCIDENT

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

This report forwarded to headquarters on July 12, 19 84 by D. DiToro

902F

Shift C Co. No. 1051 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001227		07	12	84	THURSDAY	5 19 32	19 36
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			ALLENDALE ARMS.				02911	

Box 3152

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 July 12, 1984 by D. D. Davis

INCIDENT 05/227

This report forwarded to headquarters on 1-13- 1984 by CAPT. MARWEN

902F

Shift C Co. No. 1059 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	007229		07	13	84	FRIDAY	60304	0307
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	465		WOONAQUATUCKET			ANE	02911	0305

Box 3152

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 1-13-, 1944 by CAPT. MARWEN

INCIDENT

1229

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

1231

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

This report forwarded to headquarters on 1-13, 1944 by Capt. D. Amis

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	1383		07	13	84	FRIDAY	1336	1415	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
		179		Waterman		AV	02911	1341	

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 1-13, 1988 by _____

INCIDENT

1383

902F

Shift D Co. No. 1062 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1388		07	13	84	Friday	6	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			North Park					

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 July 13, 1984 by Pvt. James F. Foster

INCIDENT

1388

902F

Shift 2 Co. No. 1063 Station No. 1

E-2, 1, 4 L-1 C/yellow COMPILED SERVICE Box Alarm 3152

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT 001235

This report forwarded to headquarters on 7/13, 19 84 by L. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1064 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001237	Exp. No.	MO. 07	DAY 13	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 6 20 51	TIME - "IN SERVICE" 21 0 1
CORRECT ADDRESS:		NO. 1995	DIR.	NAME MINERAL SPR.			TYPE AV	ZIP CODE 02904

ENG 1 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>E-1</u>	TRUCK NO. <u>R-1</u>	TRUCK NO. _____	ON SCENE	STATION
LT. DOYLE	J. McNeill			Chief DiGiulio
R. Ponte	D. Destefano			CAPT. Russo
D. Singelton				J. MURPHY
R. Paulin				F. Ricci
				P. Rocheleau

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

This report forwarded to headquarters on 7/13, 1984 by Lt. Doyle

INCIDENT 001237

902F

Shift D Co. No. 1065 Station No. 1

☐ Revised Report

RES. 1 ENG 1 COMPILED SERVICE

(D) MASTER STREAM APPLIANCES			(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	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
R-1	E-1		
D. Dostland			
S. McNeill			
B. Paulson			
Same as # 1064			

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

INCIDENT

902F

Shift D Co. No. 1066 Station No. 1

☐ Revised Report

R-1, E-1

(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

[illegible]

This report forwarded to headquarters on 7/14, 1984 by H. Doyle

INCIDENT 001238

902F

Shift D Co. No. 1061 Station No. 1 ✓

R-1, E-1 **COMPILED SERVICE**

No.	Type	No.	Size	Total 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 7/14, 19 54 by Pvt. D. DeStefano

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1068 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001239	Exp. No.	MO. 07	DAY 14	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 7 01 59	TIME -- "IN SERVICE" 0 20 1
CORRECT ADDRESS:		NO.	DIR.	NAME Woodward + Lydia		TYPE	ZIP CODE 02904	SIG 1 TIME

E, 5-4 L, 1

COMPILED SERVICE Box Alarm - Code Blue

(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>S. Horan</u>				<u>Capt. Russo</u>
<u>D. Singleton</u>				<u>G. Doyle</u>
<u>P. Rocheleau</u>				<u>R. Ponte</u>
				<u>D. Destefano</u>
				<u>J. McNeill</u>
				<u>R. Paulin</u>

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

This report forwarded to headquarters on 7/14, 19 84 by Pvt. D. Destefano

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

Fill In This Report
In Your Own Words

902F

Shift A Co. No. 1069 Station No. 1

FD ID 02400 INCIDENT NO. 1396 Exp. No. 07 MO. 14 DAY 84 YEAR SATURDAY DAY OF THE WEEK 70 ALARM TIME 9:25 TIME - "IN SERVICE" 1:00:06

CORRECT ADDRESS: NO. 5 DIR. Morgan NAME CR. TYPE 029.11 ZIP CODE 09217 SIG 1 TIME

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED		
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<u>R-1</u>				<u>F. Ricci</u>	
<u>L. SAUCHEZ</u>				<u>D. Scott</u>	
<u>F. VESCEA</u>				<u>S. CAPRACOTTA</u>	
				<u>R. Di MARTINO</u>	
				<u>APT. MARWELL</u>	

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

This report forwarded to headquarters on July, 19 84 by L. Sanchez

INCIDENT 1006

902F

Shift

Co. No.

Station No

Revised Report

E-1 & R-1

(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 _____, 19_____

— b6

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1071 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 9914103	Exp. No.	MO. 07	DAY 14	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 7 21 30	TIME - "IN SERVICE" 2 2 2 1
CORRECT ADDRESS: 24		NO.	DIR.	NAME Brown		TYPE AV	ZIP CODE 02904	SIG 1 TIME 2152

E-1 + R-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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>	<u>R-1</u>			
<u>F. Ricci</u>	<u>R. DiMartino</u>			
<u>S. Capracotta</u>	<u>F. Vesce</u>			
<u>D. McNeill</u>	<u>AS</u>			
<u>SAME</u>				
<u>CO# 1070</u>				

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

This report forwarded to headquarters on July 14, 1984 by Frank P. Vesce

INCIDENT 001402

902F

Shift A Co. No. 1012 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	1245		07	14	84	SATURDAY	7 23 06	2 3 0 9	
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME
			Charles + Mary					02904	

E-5-4 42-1

COMPILED SERVICE

c/13

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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

1245

902F

Shift A Co. No. 1073 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1246		07	14	84	Saturday	7 23 19	23 28
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			WOONASQUATUCKET AV				02504	2321

Box Alarm 3152 COMPILED SERVICE E-2-14 L1 c/y E-2

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 _____, 19____ by Frank Deane

INCIDENT

1849

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 1074 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	1247		07	15	84	SUNDAY	100240	03	0
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME
			Woon. AVE					02904	

Box 3152 E-2-1-4 & L1 COMPILED SERVICE E-1 ReROUTED SS E-3

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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			

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

#1247

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1075 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1248	Exp. No.	MO. 07	DAY 15	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 10:02	TIME - "IN SERVICE" 00:32
CORRECT ADDRESS:		NO. 71	DIR.	NAME WATERMAN		TYPE AL	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.	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
<u>F Ricci</u>	<u>L Sanchez</u>			<u>P LaBIB</u>
<u>S Capricotta</u>	<u>K Cullinane</u>		<u>LAD-</u>	<u>D SCOTT</u>
<u>E DiGiulio JR</u>	<u>R DiMartino</u>			<u>F Viscera</u>

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

This report forwarded to headquarters on _____, 19____ by [Signature]

INCIDENT

1248

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	1404		07	1	58	Sunday	1 00 26	00 32
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	71		WATERMAN			AV	02911	0027

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 84

by

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— 24 —

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2018

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INCIDENT

1907

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1077 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 14105	Exp. No.	MO. 07	DAY 15	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 0541	TIME - "IN SERVICE" 0603
CORRECT ADDRESS: Res 1		NO.	DIR.	NAME Mineral Spring		TYPE AV	ZIP CODE	SIG 0542

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
K CULLINAN				F. RICCI
L SANCHEZ				D. SCOTT
				P LABBADIA
				S. CAPRACOTTA
				R. DIMARTINO
				F. VESCEGA

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

This report forwarded to headquarters on July 15, 19 84 by Joe Vansol

INCIDENT

14105

902F

Shift 13 Co. No. 1078 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001251	0007	15	89	Sunday	12:26	21:44	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	23		Stella			Dr	02911	

Lock-out

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 1/15, 1984 by Lt. Capaldi

INCIDENT

1251

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1079 Station No. 1

☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>091249</u>	Exp. No.	MO. <u>07</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>12147</u>	TIME - "IN SERVICE" <u>2149</u>
CORRECT ADDRESS: <u>13 CENTENNIAL WAY AT</u>		NO.	DIR.	NAME <u>LOCKST</u>		TYPE <u>AO</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

Box ALARM **COMPILED SERVICE** C/B E-1 Box 161

(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>47</u>			
<u>LT Capaldi</u>	<u>J Casalino</u>			<u>J W. Heller</u>
<u>K Mayors</u>	<u>J Cagney</u>			<u>J C. Grogan</u>
<u>J McNeil</u>				<u>Dept. Chief</u>
<u>D Destefano</u>				

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

This report forwarded to headquarters on 7/15, 19 84 by Lt. Capaldi

INCIDENT 001249

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1080 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001350	Exp. No.	MO. 07	DAY 15	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 2154	TIME - "IN SERVICE" 2158
CORRECT ADDRESS:		NO.	DIR.	NAME SHELDON AT BERWICK		TYPE AL	ZIP CODE 02911	SIG 1 TIME

Box ALARM

COMPILED SERVICE C/B E-1 Box 125

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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>B-1</u>	TRUCK NO. _____	ON SCENE	STATION
LT Capaldi	J Casalino			J WHEZLER
K MAYERS	J Cagno			J GREGSON
D DESTEFANO				
J MCNIEL				

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

This report forwarded to headquarters on 7/15, 19 84 by Lt. Cap.

INCIDENT

061250

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

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

b1

INCIDENT

252

Fill In This Report In Your Own Words

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	001253		07	16	84	MONDAY	1416	1428	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
E-1 & R	1		BROOKSIDE DR.				02911		

ASSIST Rescue

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

(G) LADDER GOLF			(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 JULY 16, 19 84 by L. R. Phillips

INCIDENT 001233

902F

Shift P Co. No. 1087 Station No. 1

COMPILED SERVICE Code Yellow E-4

[illegible]

This report forwarded to headquarters on JULY 16, 19 54 by _____

INCIDENT

1251

902F

Shift C Co. No. 1083 Station No. 1

FD ID 02400	INCIDENT NO. 1255	Exp. No.	MO. 07	DAY 16	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 22331	TIME - "IN SERVICE" 2336	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
			300 SMITHFIELD			RD	62904	2333	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 JULY 16, 1984 by K. Eicken

INCIDENT!

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1086 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1256	Exp. No.	MO. 7	DAY 17	YEAR 84	DAY OF THE WEEK TUES	ALARM TIME 101	TIME - "IN SERVICE" 109
CORRECT ADDRESS: 1905		NO.	DIR.	NAME MINERAL SPRING			TYPE AL	ZIP CODE 02911

143 LI C/Y E1 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. <u>L1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>DDI TORIO</u>	<u>E. DiGiulio</u>			<u>K. E. Riccio</u>
<u>LT Cicerone</u>	<u>F. Ricci</u>			<u>B. Himes</u>
<u>DC Cicerone</u>				
<u>K. LANDRY</u>				

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

This report forwarded to headquarters on 7-17, 1984 by H. Creed

INCIDENT

902F

Shift C Co. No. 1084 Station No. 1

COMPILED SERVICE

(F) OTHER EQUIPMENT

K. Erickson
B. Hines

INCIDENT

This report forwarded to headquarters on 7-17, 1964 by H. Cichon

902F

Shift 1 Co. No. 1088 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	1410		07	18	94	Tues	3 05 09	05 28	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	20601		M.S.A.				02911	0512	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 7-17, 19 84 by [Signature]

INCIDENT

902F

Shift 1 Co. No. 1000 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001261		07	18	84	WEDNESDAY	419.21	19.30
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG

Box 3152 E-2; 1-4-61 COMPILED SERVICE 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 July 18, 1924 by Lt. S. Caproni

INCIDENT 001261

902F

Fill In This Report In Your Own Words

FD ID		INCIDENT NO.		Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME		TIME — "IN SERVICE"	
02400		001267			07	18	84	Wednesday		42048		2050	
CORRECT ADDRESS:				NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME	
						Bicentennial Way						2049	
Box 161				E-1, 43 L-1		COMPILED SERVICE				C/B 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			

[illegible]

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

This report forwarded to headquarters on July 18, 1984 by Det. J. Casacosta

INCIDENT 001000

902F

Shift A Co. No. 1090 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"	
02400	001263	07	18	8.4		Wednesday	42.05.1	20.53	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
--			Sherwood & Bernick					20.53	

Box 125: E-1, 4, L-1

COMPILED SERVICE

C/B 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			

[illegible]

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

This report forwarded to headquarters on July 18, 1984 by S. Casacotta

INCIDENT

001263

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1092 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1422	Exp. No.	MO. 7	DAY 18	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 2120	TIME - "IN SERVICE" 2128
CORRECT ADDRESS:		NO. 300	DIR.	NAME SMITHFIELD		TYPE RD	ZIP CODE 02911	SIG 1 TIME 2122

WILLA VERSAILLES COMPILED SERVICE

Des #1

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Res 1				
R. Lincoln				Capt LABBADAIA
L. SAWCHER				F. Ricci
				D. Scott
				S. Capracotta
				R. DiMartino
				F. Vescera
				E. DiGiulio Jr
				Capt Ruggiano
				Dep Chief DiGiulio

INCIDENT

1422

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

This report forwarded to headquarters on

7-18

, 19

84

by

Capt Lilla

902F

Fill In This Report In Your Own Words

☐ Revised Report

Res 1 - Eng 4

COMPILED SERVICE

Smithfield Manor

(A) EXTINGUISHERS

Sec. Cart 7

(B) HOSE USED

(C) SALVAGE COVERS USED

.....Hrs.Min.

(E) LADDER USED

(F) OTHER EQUIPMENT

Type

SUCTION HOSE USED

ON SCENE

STATION

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

This report forwarded to headquarters on

7-18

19

bv

Capt. L. H. L.

INCIDENT 001423

SUPPLEMENTARY REPORT

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	001265		07	18	84	WEN.	4 21.53	21.57
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	200		High SERVICE			44	92904	21.55

E-1 + R-2

COMPILED SERVICE

PTO 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]

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

This report forwarded to headquarters on July 18, 1984 by S. Casacotta

INCIDENT 001265

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1094 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001267	Exp. No.	MO. 07	DAY 19	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 1028	TIME - "IN SERVICE" 1033
CORRECT ADDRESS: E. 43 L. 1; 2		NO. 43	DIR.	NAME CARRIAGE WAY		TYPE	ZIP CODE 02904	SIG 1 TIME

Telephone ALARM

COMPILED SERVICE

Code Yellow E-4 (TROUBLE IN SYSTEM)

(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>L-1</u>			✓	<u>LT. P. PHILLIPS</u>
<u>W. ROY</u>				<u>A. ZARLENGA</u>
<u>J. LANE</u>				<u>K. SCANDARIATO</u>
<u>R. MORRISSEY</u>				<u>S. CATANZARO</u>
				<u>J. HORAN</u>

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

This report forwarded to headquarters on JULY 19, 1984 by W. Roy

INCIDENT

001267

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1095 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00142-100</u>	Exp. No. <u>0719</u>	MO. <u>84</u>	DAY <u>Thursday</u>	YEAR <u>52004</u>	DAY OF THE WEEK <u>2107</u>	ALARM TIME <u>2107</u>	TIME - "IN SERVICE"
CORRECT ADDRESS:		NO. <u>79</u>	DIR. <u>Morgan</u>	NAME <u>Av</u>		TYPE <u>02911</u>	ZIP CODE <u>2208</u>	SIG <u>1</u>

Medicat Transp.

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>Lt. Capaldi</u>
<u>J. Gregson</u>				<u>Lt. Bozzle</u>
<u>D. Gregson Sr.</u>				<u>J. Cogno</u>
				<u>J. Grande</u>
				<u>J. Wheeler</u>
				<u>K. Mayers</u>
				<u>J. Casolino</u>
				<u>D. DeStefano</u>
				<u>J. McNeil</u>

I have examined this report and give my approval to same

This report forwarded to headquarters on 7/19, 1984 by Lt. Capaldi

INCIDENT

001427

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1096 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001268	Exp. No. 00	MO. 07	DAY 20	YEAR 84	DAY OF THE WEEK Friday	ALARM TIME 0014	TIME - "IN SERVICE" 0037
CORRECT ADDRESS:		NO. 106	DIR. Cottage	NAME Friday		TYPE 6	ZIP CODE 02911	SIG 1 TIME

C/E-1 Auto

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		
<u>1</u>	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		<u>1</u> <u>Water Exting.</u>
	DELUGE GUN		BANGOR		<u>1</u> <u>Hand Light</u>
	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>Lt. Capaldi</u>				<u>Lt. Bazzle</u>
<u>J. Grande</u>				<u>K. Mayers</u>
<u>D. DeStefano</u>				<u>J. Wheeler</u>
<u>J. McNeil</u>				<u>J. Casalino</u>
				<u>J. Gregson</u>
				<u>D. Gregson Sr.</u>

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

This report forwarded to headquarters on 7/19, 1984 by Lt. Capaldi

INCIDENT

1268

902F

Shift 7 Co. No. 1098 Station No. 1

COMPILED SERVICE

Assist Rescue

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on JULY 20, 19 84 by Lt. V. Phillips

INCIDENT 001271

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1098 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. 07	DAY 20	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 11:09	TIME — "IN SERVICE"
CORRECT ADDRESS:		NO. 42	DIR.	NAME RED FERN		TYPE ST	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

MED-AID

(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>RES 1</u>				
<u>K. SCAUDARIOTO</u>				
<u>S. CATANZARO</u>				
<u>SAME</u>	<u>AS</u>			
<u>#1098</u>				

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

This report forwarded to headquarters on JULY 20, 19 84 by _____

INCIDENT 001430

902F

Shift

Co. No.

Station No.

☐ Revised Report

2-1-61 **COMPILED SERVICE** *C. D. 41*

COMPILED SERVICE

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 7-20, 19 54 by

INCIDENT

1272

902F

Shift F Co. No. 1100 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001433		97	20	84	FRIDAY	1354	1435
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	393		SHARON			1ST		1352

- PROV -

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 7-20, 1958 by

INCIDENT

1433

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

Fill In This Report
In Your Own Words

902F

Shift C Co. No. 1101 Station No. 1

FD ID 02400 INCIDENT NO. DETAIL Exp. No. 0.720 MO. 84 DAY Friday YEAR 1984 DAY OF THE WEEK Friday ALARM TIME 1850 TIME - "IN SERVICE" 1902

CORRECT ADDRESS: NO. 250 DIR. Smithfield NAME Smithfield TYPE RD ZIP CODE 02904 SIG 1 TIME 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>K. Landry</u>			✓	<u>Capt. Marshall</u>
<u>K. Erickson</u>				<u>J. Ciccone</u>
				<u>D. Ciccone</u>
				<u>D. DiToro</u>
				<u>W. Hines</u>
				<u>S. Bauman</u>

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

This report forwarded to headquarters on 7-20, 19 84 by [Signature]

INCIDENT

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	001276		07	21	84	SATURDAY	70109	0111
CORRECT ADDRESS	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			WOOD - REDFERN				02911	

Box 142 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 1-21-, 1947 by CAPT. MARWELL

INCIDENT

1276

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1103 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001278	Exp. No.	MO. 07	DAY 21	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 7:14:25	TIME - "IN SERVICE" 1:43:0
CORRECT ADDRESS:		NO. 82	DIR.	NAME Sunset		TYPE IAU	ZIP CODE 02911	SIG 1 TIME 1427

E-1,2 L-1 C/Blue

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>Eng</u>	TRUCK NO. <u>had</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Doyle</u>	<u>Capt. Russo</u>			<u>P. Roderick</u>
<u>R. Ponte</u>	<u>S. Horan</u>			<u>R. Pawlin</u>
<u>D. Singleton</u>	<u>J. Horan</u>			
<u>D. Destefano</u>	<u>P. Rochebeau</u>			
<u>B. Nicastro</u>				

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

This report forwarded to headquarters on 7/21, 1984 by Lt. Doyle

INCIDENT 001278

902F

Shift D Co. No. 1104 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001279		07	21	84	Saturday	7 14 58	1 5 10
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG

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

E-1,4,2 L-1,2 C/Yellow COMPILED SERVICE R.I.E.P

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 7/21, 19 84 by Lt. Doyle

INCIDENT 001279

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1105 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001438</u>	Exp. No.	MO. <u>07</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7:17:34</u>	TIME - "IN SERVICE" <u>1:17:55</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>STA #1 MSA.</u>		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1734</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. <u>R-1</u>	ON SCENE	STATION
		<u>R. Paulin</u>		<u>Capt. Russo</u>
		<u>B. NICASTRO</u>		<u>Lt. Doyle</u>
				<u>S. HORAN</u>
				<u>R. Ponte</u>
				<u>J. McNeil</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 July 21, 19 84 by Ban J. [Signature]

INCIDENT 001438

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____ Co. No. 1106 Station No. _____

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1440</u>	Exp. No.	MO. <u>07</u>	DAY <u>22</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>1000</u>	TIME - "IN SERVICE" <u>003.1</u>
CORRECT ADDRESS: _____		NO. _____	DIR. _____	NAME <u>STA. 3</u>		TYPE _____	ZIP CODE _____	SIG 1 TIME <u>0010</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 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>R. PAULIN</u>				<u>S. HORAN</u>
				<u>PONTE</u>
				<u>MC NEIL</u>
				<u>SINGLETON</u>
				<u>DESTEFANO</u>
				<u>F. RICCI</u>

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

This report forwarded to headquarters on July 22nd, 1984 by M. Rea

RESCUE 1440
INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A"

Co. No. 1107

Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. 001443	Exp. No.	MO. 07	DAY 22	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 11:15.6	TIME - "IN SERVICE" 12:1.7
CORRECT ADDRESS:		NO. 528	DIR.	NAME SMITHFIELD		TYPE INTERNATIONAL APARTMENTS	ZIP CODE 02911	SIG 1 TIME 11:5.7

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>F. Ricci</u>
<u>CAPT. LABBADIO</u>				<u>S. CAPRACOTTA</u>
<u>L. SANCHEZ</u>				<u>R. Di MARTINO</u>
				<u>F. UESCERA</u>
				<u>J. McNEILL</u>

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

This report forwarded to headquarters on July 22, 19 84 by S. Capracotta

INCIDENT 001443

1526

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 1108

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 901443	Exp. No.	MO. 07	DAY 22	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 1644	TIME - "IN SERVICE" 1710
CORRECT ADDRESS: REAR OF THE HIGH SCHOOL		NO.	DIR.	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME 1646

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		<u>MED AID</u>
			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. CULLINAN</u>				<u>CAPT. LABBADIA</u>
<u>L. SANCHEZ</u>				<u>F. RICCI</u>
				<u>S. CAPRACOTTA</u>
				<u>R. DI MARTINO</u>
				<u>S. HORAN</u>
				<u>D. DESTEFANO</u>

INCIDENT

CO. 1108

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

This report forwarded to headquarters on July 22, 19 84 by [Signature]

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	1281		01	22	84	Sunday	1808	1815
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1851		SMITH			ST	02305	

E-1 AR-1

COMPILED SERVICE

DETA, C

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 I

188

REG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1110 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1446</u>	Exp. No.	MO. <u>07</u>	DAY <u>22</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>1808</u>	TIME - "IN SERVICE" <u>1845</u>
CORRECT ADDRESS: <u>1857</u>		NO.	DIR.	NAME <u>SMITH</u>		TYPE <u>ST</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.	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			
SAME AS CO #1109							

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

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

INCIDENT

1446

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

HYDRANTS USED AND TIME	SUCTION HOSE USED
------------------------	-------------------

This report forwarded to headquarters on 7/22, 1981 by Louderback

SUPPLEMENTARY REPORT

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	1285		07	22	84	Sunday	12334	2236

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Whipple & Taylor		02911	

Box 431

Blue.

COMPILED SERVICE

E 2, 1, 2-1

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

—, 19

by

INCIDENT

1285

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID 02400	INCIDENT NO. 1287	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME 2:57	TIME - "IN SERVICE" 03:01
CORRECT ADDRESS:	NO.	DIR.	NAME Wood/Hansen & Bros/Bur Hansen			TYPE	ZIP CODE	SIG 1 TIME 03:00

Box 1515 E-1, 4 & 21

COMPILED SERVICE

4/5

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 12 Dec 1944 by T. Decker

INCIDENT I

28

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

001450

This report forwarded to headquarters on

19 84 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	001452		07	23	84	MONDAY	21405	1424	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
			250	SMITHFIELD		RRD	02904	1407	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

7/23/84, 19 — by J. Lane (JL)

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	001455	0007	23	84	Monday	21855	1923		
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME	
	M.S.A.	4	146 Pt.			SL	08904	1859	

Motorcycle Accident & 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				

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 7/23, 1989 by Lt. Capaldi

INCIDENT

1453

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1117 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001456	Exp. No.	MO. 07	DAY 23	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 21,959	TIME - "IN SERVICE" 20 36
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		1967		Mineral Spring Ave			02904	1,959

WALK IN MEDICAL AID 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>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
Capt Ruggiano				LT Capaldi
J Wheeler				J Casano
J Casolino				LE BAZZIE
				D DeStefano
				K MAYERS

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

This report forwarded to headquarters on July 23, 1984 by _____

INCIDENT

1456

902F

Shift P Co. No. 1110 Station No. 1☐ Revised Report

CORRECT ADDRESS:

COMPILED SERVICE

(A) EXTINGUISHERS

(D) MASTER STREAM APPLIANCES

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 7/23, 1984 by Lt. Copaldi

INCIDENT

1290

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1119 Station No. 1 ☒ Revised Report

FD ID 02400	INCIDENT NO. 001458	Exp. No. 00	MO. 07	DAY 23	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 2057	TIME - "IN SERVICE" 21.4.0
CORRECT ADDRESS: Medical Aid		NO. 29	DIR. McGuire	NAME McGuire		TYPE RD	ZIP CODE 02911	SIG TIME 2058

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
See Report #118				

INCIDENT 1458

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

This report forwarded to headquarters on 7/23, 19 84 by Lt. Capaldi

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	001459	0007	23	84	Monday	22140	2155	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	461		Eddy (Prov.)			ST	02911	214

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 723, 1984 by Lt. Capaldi

INCIDENT

1459

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1121 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001291</u>	Exp. No. <u>000</u>	MO. <u>07</u>	DAY <u>23</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>2220</u>	TIME - "IN SERVICE" <u>2247</u>
CORRECT ADDRESS: <u>200</u>		NO. <u>200</u>	DIR. <u>Highservice</u>	NAME <u>Highservice</u>		TYPE <u>Ar</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>2222</u>

C/Y E-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>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Capaldi</u>	<u>Lt. Bazzle</u>			<u>J. Wheeler</u>
<u>J. Cagno</u>	<u>K. Mayers</u>			<u>D. Gregson Sr.</u>
<u>J. Casolino</u>	<u>J. McNeil</u>			
<u>D. DeStefano</u>	<u>R. Ponti</u>			
<u>K. Omana</u>				
<u>R. Singleton</u>				

INCIDENT

1291

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

This report forwarded to headquarters on 7/23, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1122 Station No. 1 ☒ Revised Report

FD ID 02400	INCIDENT NO. 001460	Exp. No. 0007	MO. 23	DAY 84	YEAR Monday	DAY OF THE WEEK 22	ALARM TIME 2250	TIME - "IN SERVICE" 2327
CORRECT ADDRESS: M.A.		NO. 379	DIR. Sunset	NAME Av		TYPE 02904	ZIP CODE 2252	SIG 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-1</u>				<u>Lt. Copaldi</u>
<u>D. Gregson Sr.</u>				<u>Lt. Bazzle</u>
<u>J. Wheeler</u>				<u>J. Cogno</u>
				<u>J. Casalino</u>
				<u>K. Moyers</u>
				<u>D. DeStefano</u>
				<u>K. O'mara</u>
				<u>R. Singleton</u>
				<u>J. McNeil</u>
				<u>R. Ponti</u>

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

This report forwarded to headquarters on 7/23, 1984 by Lt. Copaldi

INCIDENT
001460

902F

Shift B Co. No. 1123 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001461		07	24	84	Tuesday	0026	0055
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	211		Aldrich			28		0029

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 1129, 19 84 by J. Wheeler

902F

Fill In This Report In Your Own Words

COMPILED SERVICE

[illegible]

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

This report forwarded to headquarters on 7/24, 19 81 by John Wheeler

INCIDENT

1658

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1125

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001463	Exp. No.	MO. 07	DAY 24	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 31027	TIME - "IN SERVICE" 1120
CORRECT ADDRESS: 1905 MIN. SPR. AVE.		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME 1027

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>J. LANE</u>				<u>CPT. D'AMICO</u>
<u>A. ZARLONGA</u>				<u>LT. PHILLIPS</u>
				<u>W. ROY</u>
				<u>S. CATANZARO</u>
				<u>J. HOBAN</u>
				<u>W. MORRISSEY</u>

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

This report forwarded to headquarters on

7/24/

1984

by

J. Lane

INCIDENT

001463

902F

Fill In This Report In Your Own Words

Shift "C" Co. No. 1126 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"	Report
02400	001469		07	24	84	Tuesday	1750	1829	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
			Waterman Ave Smith Afd						1754

Mutual Aid to Smithfield **COMPILED SERVICE**

Mine Safety Appliance Co

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 July 24, 1984 by R. Lincol

res, INCIDENT 14169

902F

Shift C Co. No. 1127 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001295		07	24	84	TUESDAY	32052	2055
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
			Sherwood + Berwick					2055

Box 125 e/13

COMPILED SERVICE *E-1, 4 JCL*

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 _____, 19_____.

b

INCIDENT

卷五

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1128 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001236	Exp. No.	MO. 07	DAY 24	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 3 2053	TIME - "IN SERVICE" 2058
CORRECT ADDRESS: Box 128 9/3		NO.	DIR. Elmore & Stella	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE 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

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. _____	ON SCENE	STATION
<i>SAME AS</i> <i>CO # 1127</i>				

INCIDENT

1986

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

This report forwarded to headquarters on _____, 19

Frank Bucci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1129 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001297</u>	Exp. No.	MO. <u>07</u>	DAY <u>25</u>	YEAR <u>54</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>40349</u>	TIME — "IN SERVICE" <u>054</u>
CORRECT ADDRESS: <u>64</u>		NO.	DIR.	NAME <u>URBAN</u>		TYPE <u>AL</u>	ZIP CODE <u>01904</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.	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>F Ricci</u>				<u>AT Ciccone</u>
<u>K Erickson</u>				<u>D. DiToro</u>
<u>B Hines</u>				<u>K Landy</u>
				<u>R Lincoln</u>
				<u>D. Ciccone</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	1238		07	25	89	WEN 4	4:31	4:33
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			URBAN AVE					

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 I

902F

Shift P Co. No. 1134 Station No. 1☐ Revised Report

E1, E2, E4, LAD1 **COMPILED SERVICE** YELL E-1

[illegible]

This report forwarded to headquarters on 25 July, 1984 by Gen. D. M. M. M.

INCIDENT

902F

Shift "D" Co. No. 1132 Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400			07	25	84	WED			
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
				No. Prov. Emer. Room			02394		

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 "D" Co. No. 1133 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001478	Exp. No.	MO. 07	DAY 25	YEAR 84	DAY OF THE WEEK Wednesday	ALARM TIME 42939	TIME -- "IN SERVICE" 2118
CORRECT ADDRESS: R-1 MA		NO.	DIR. Mineral Spr. Ave.	NAME AV		TYPE 02911	ZIP CODE 2039	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>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>M. Rhea</u>			✓	<u>Capt. Russo</u>
<u>R. Paulin</u>				<u>F. Ricci</u>
<u>P. Rochelleau</u>				<u>R. Ponte</u>
				<u>D. DeStefano</u>
				<u>J. McNeil</u>
				<u>B. DiGiulio</u>
				<u>Chief DiGiulio</u>
				<u>P. Roderick</u>

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

This report forwarded to headquarters on 7/25, 19 84 by P. Rochelleau

INCIDENT 1478

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

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

This report forwarded to headquarters on _____, 19____.

6v

902F

Shift 7 Co. No. 1135 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1301		07	26	84	THURSDAY	1026	1040
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	29		Mc Guire			RD	03911	

MAPLE GARDENS APT

COMPILED SERVICE

ASSIST Rescue

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 July 26, 1984 by Capt. T. D'Amico

INCIDENT I

902F

Shift 7 Co. No. 1136 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001484		07	26	84	THURSDAY	1026	1104
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE			RD	02911	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 July 26, 1984 by D. Lane

INCIDENT

001480

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1137 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001482</u>	Exp. No.	MO. <u>07</u>	DAY <u>26</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>5 13 21</u>	TIME - "IN SERVICE" <u>1 3 2 3</u>
CORRECT ADDRESS:			NO. <u>1232</u>	DIR.	NAME <u>Douglas</u>		TYPE <u>AL</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>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>A. Zarhenga</u>				<u>Capt J. D'Amico</u>
<u>J. Lane</u>				<u>Lt. R. Phillips</u>
				<u>S. CATANZARO</u>
				<u>J. Silva</u>
				<u>W. RCU</u>
				<u>R. Morrissey</u>
				<u>J. HOWAN</u>

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

This report forwarded to headquarters on 26 July, 1984 by J. Lane

INCIDENT 001482

902F

Shift P Co. No. 1130 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001305		07	26	84	THURSDAY	1345	13.5	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	380		Sunset			AU			

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 26 July, 19 84 by Cpt Nemici

INCIDENT 00

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1138 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001485</u>	Exp. No.	MO. <u>07</u>	DAY <u>26</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>1748</u>	TIME — "IN SERVICE" <u>1815</u>
CORRECT ADDRESS: <u>Rear of P.D. Hdqts.</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>1749</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>F. VESCELA</u>				<u>CAPT. LABRADIA</u>
<u>Lo. SANCHEZ</u>				<u>D. SCOTT</u>
				<u>S. CARACOTTA</u>
				<u>R. MARTINO</u>
				<u>K. COLLINAN</u>
				<u>D. DESTEFANO</u>
				<u>S. MCNEILL</u>

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

This report forwarded to headquarters on July 26th, 1984 by [Signature]

INCIDENT

1485

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A"

Co. No. 1138

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001487</u>	Exp. No. <u>07</u>	MO. <u>26</u>	DAY <u>84</u>	YEAR <u>THURSDAY</u>	DAY OF THE WEEK <u>1904</u>	ALARM TIME <u>1904</u>	TIME - "IN SERVICE" <u>1954</u>
CORRECT ADDRESS: <u>Res 1 + E5</u>		NO. <u>45</u>	DIR. <u>Carovelli</u>	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>1910</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>R1</u>				

SA 1138 ✓

INCIDENT

1487

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

This report forwarded to headquarters on July 26, 1984 by L. V. Sanchez

SUPPLEMENTARY REPORT

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	001311		07	27	84	FRIDAY	162356	2358
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			SMITH + STEERE				02911	

E-1, 2, 4 41

COMPILED SERVICE

C/R BOX ALARM # 143

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 7-27-, 1984 by R. Di Martino

INCIDENT 1517

902F

Fill In This Report In Your Own Words

Shift <u>1</u>		Co. No. <u>1143</u>		Station No. <u> </u>		☐ Revised Report	
FD ID <u>02400</u>	INCIDENT NO. <u>1312</u>	Exp. No. <u>07</u>	MO. <u>27</u>	DAY <u>84</u>	YEAR <u>Friday</u>	DAY OF THE WEEK <u> </u>	ALARM TIME <u>8:33</u>
CORRECT ADDRESS: <u>1335</u>		NO. <u> </u>	DIR. <u> </u>	NAME <u>Doughas</u>		TYPE <u>Ap</u>	ZIP CODE <u> </u>
						SIG 1 TIME <u>3.4</u>	

E4, E3, E1, LAD1

Yell E-4

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

(D) MASTER STREAM APPLIANCES			(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL			Code yellow
	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

7/27/

19

by

by cpt. Nimmer

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	1313		07	37	84	FRIDAY	6 943	957
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		15	REYNOLDS			RV		

$$E-1 \quad (S, S_1)$$

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				

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT I

902F

Fill In This Report In Your Own Words

B-1 **COMPILED SERVICE** MED-AID

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

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

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

INCIDENT 001492

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 1146

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001314</u>	Exp. No. <u>0097</u>	MO. <u>27</u>	DAY <u>84</u>	YEAR <u>Friday</u>	DAY OF THE WEEK <u>6</u>	ALARM TIME <u>1804</u>	TIME - "IN SERVICE" <u>807</u>
CORRECT ADDRESS:		NO. <u>60</u>	DIR. <u>Urban</u>	NAME <u>Urban</u>		TYPE <u>Box</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

C/B L-2

COMPILED SERVICE

Box 7446

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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. Bazzle</u>				<u>Lt. Capaldi</u>
<u>K. Omara</u>				<u>P. Roderick</u>
<u>D. DeStefano</u>				<u>K. Mayers</u>
<u>D. Singleton</u>				<u>D. Gregson Sr.</u>
<u>R. Ponte</u>				<u>J. Cagno</u>

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

This report forwarded to headquarters on

7/27

, 19

84

by

Lt. Capaldi

INCIDENT 001314

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

1984 by

by Lt. Capaldi

INCIDENT

1316

902F

Shift C Co. No. 1148 Station No. 1

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 1-28-, 1984 by CAPT. MARWELL

INCIDENT 001499

902F

Shift C Co. No. 1199 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001322		07	28	84	SATURDAY	7 17.51	18.09
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	20731		SMITH			ST.	02911	1753

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 7-28-, 1984 by CAPT. MARWELL

INCIDENT!

322

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1150 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1590</u>	Exp. No.	MO. <u>07</u>	DAY <u>28</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7:17.5</u>	TIME -- "IN SERVICE" <u>11:18.19</u>
CORRECT ADDRESS: <u>2073</u>		NO.	DIR.	NAME <u>SMITH</u>		TYPE <u>ST</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1.753</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
SAME AS CO # 1149				

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

This report forwarded to headquarters on July 28, 19 84 by K. G. Landry

INCIDENT

001500

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1151 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001501	Exp. No.	MO. 07	DAY 28	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 718.24	TIME 184.8	"IN SERVICE"
CORRECT ADDRESS:		NO. 37	DIR.	NAME ANGEII		TYPE AVE	ZIP CODE 02911	SIG 1	TIME 18.26

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>LT. Cicerone</u>			<u>CAPT. RUGGIANO</u>	<u>CAPT. MARWELL</u>
<u>K. LANDRY</u>			<u>K. ERICKSON</u>	<u>D. DI IORIO</u>
				<u>D. Cicerone</u>
				<u>B. Hines</u>
				<u>J. McNeill</u>
				<u>F. Ricci</u>

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

This report forwarded to headquarters on 7-28- 1984 by CAPT. MARWELL

INCIDENT 001501

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1152 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001503</u>	Exp. No.	MO. <u>7</u>	DAY <u>28</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>1956</u>	TIME - "IN SERVICE" <u>2045</u>
CORRECT ADDRESS:		NO. <u>41</u>	DIR.	NAME <u>Stillwater Circle</u>		TYPE	ZIP CODE	SIG 1 TIME <u>2002</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>K. Erickson</u>				<u>Cpt. Maxwell</u>
<u>K. Landry</u>				<u>Lt. Cicerone</u>
				<u>D. DiIorio</u>
				<u>D. Cicerone</u>
				<u>B. Hines</u>
				<u>J. Ricci</u>
				<u>J. McNeill</u>
				<u>Chief Murphy</u>

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

This report forwarded to headquarters on July 28, 1984 by K. Q. Landry

INCIDENT 001503

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 1-28-, 1984 by CAPT. MARWEIL

INCIDENT I

1325

902F

Shift C Co. No. 1134 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001326		07	29	84	SUNDAY	16049	0053
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			WOODHAVEN + BARBARA ANN				0281	

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.	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 7-29- 1957 by CAPT. MARWEIN

INCIDENT

1326

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1155 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001504</u>	Exp. No.	MO. <u>07</u>	DAY <u>29</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>11828</u>	TIME - "IN SERVICE" <u>1909</u>
CORRECT ADDRESS: <u>29</u>		NO.	DIR.	NAME <u>McNamee</u>		TYPE <u>Rd</u>	ZIP CODE	SIG 1 TIME <u>1828</u>

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>Capt Russo</u>
<u>P. Kaderick</u>				<u>S. Horan</u>
				<u>R. Porco</u>
				<u>J. McNeill</u>
				<u>P. Singleton</u>
				<u>P. D'Amico</u>

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

This report forwarded to headquarters on July 29, 19 84 by A. Patrick Rodman

INCIDENT

1504

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1156 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001505</u>	Exp. No.	MO. <u>07</u>	DAY <u>29</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>12:21</u>	TIME - "IN SERVICE" <u>2:24.5</u>
CORRECT ADDRESS: <u>27</u>		NO.	DIR.	NAME <u>RUGH to Fatima Hsp</u>		TYPE	ZIP CODE	SIG 1 TIME <u>2219</u>

Transportation

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>Res</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. Roderick</u>			✓	<u>Capt. Russo</u>
<u>M. Rea</u>				<u>Lt. Doyle</u>
				<u>S. Horan</u>
				<u>R. Ponte</u>
				<u>J. McNeill</u>
				<u>D. DeStefano</u>
				<u>D. Singleton</u>
				<u>P. Rochebeau</u>
				<u>J. Horan</u>

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

This report forwarded to headquarters on 7/29, 19 84 by Pat. Patrick Toland

INCIDENT

1505

902F

Shift

Co. No.

Station No.

☐ Revised Report

E-1234 h-12 **COMPILED SERVICE** CY E1

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES	(E) LADDER USED	(F) OTHER EQUIPMENT

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME	SUCTION HOSE USED
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INCIDENT

This report forwarded to headquarters on 1-30, 1984 by X

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1159

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001509</u>	Exp. No.	MO. <u>07</u>	DAY <u>30</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>20901</u>	TIME - "IN SERVICE" <u>0944</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG TIME
		<u>1410.1</u>	<u>DOUGLAS</u>			<u>AV</u>	<u>02904</u>	<u>0903</u>

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

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. SCANDARIATO</u>				<u>CPT. D'AMICO</u>
<u>A. ZARLENGA</u>				<u>LT. DIGUILIO</u>
				<u>S. CATANZARO</u>
				<u>J. LANE</u>
				<u>J. SILVA</u>
				<u>W. MORRISSEY</u>
				<u>J. HORAN</u>

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

This report forwarded to headquarters on 7/30/84, 19 ____ by K. Scandariato (J.D.)

INCIDENT 001509

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1160

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1510</u>	Exp. No.	MO. <u>07</u>	DAY <u>30</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>11:00</u>	TIME - "IN SERVICE" <u>11:34</u>
CORRECT ADDRESS:		NO. <u>170</u>	DIR.	NAME <u>WATERMAN</u>		TYPE <u>AL</u>	ZIP CODE <u>02911</u>	SIG TIME <u>11:04</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		
	<u>1510</u>		WALL		
			ROOF		
			FOLDING		

HYDRANTS USED AND TIME	SUCTION HOSE USED
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TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>B-1</u>				<u>Cap. D'Amico</u>
<u>K. Scandariato</u>				<u>Det. Di Silvio</u>
<u>A. Zarlenga</u>				<u>S. Catanzaro</u>
<u>1100</u>	<u>1104</u>	<u>1100</u>		<u>J. Lamb</u>
				<u>Det. Horan</u>
				<u>Det. Morreim</u>

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

This report forwarded to headquarters on 7-30, 1984 by fy

INCIDENT

1510

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

7-30, 1944 by Capt. N. Amico
EKG

INCIDENT

1331

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

19

bv

902F

Shift

Co. No.

Station No.

☐ Revised Report

E 4,3,1. L-1 COMPILED SERVICE C/Y E-4

COMPILED SERVICE

C/y E-4

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

19⁸⁴ by

INCIDENT

1334

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1A

Co. No. 1165

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1518</u>	Exp. No.	MO. <u>07</u>	DAY <u>30</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>217.41</u>	TIME "IN SERVICE" <u>180.8</u>
CORRECT ADDRESS:		NO. <u>25</u>	DIR.	NAME <u>Hawthorne</u>		TYPE <u>152</u>	ZIP CODE	SIG 1 TIME <u>7.43</u>

Rescue 1 + Eng 4

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1 1/2 INCH			
	PUMP TANKS		2 1/2 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>K Cullinan</u>				<u>Capt Labbadia</u>
<u>L Sanchez</u>				<u>F Ricci</u>
				<u>D Scott</u>
				<u>P Labbadia</u>
				<u>S Caporacotta</u>
				<u>R DiMartino</u>
				<u>F Vescera</u>

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

This report forwarded to headquarters on JULY 30, 1984 by Kenn Cullinan

INCIDENT

1518

902F

Shift 1 Co. No. 1166 Station No. 1166

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	001340		07	31	04	Tuesday	1201	1239
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1920		MINERAL SPRING					

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

7-31, 1984 by Capt W D'Amico
EPL: J

INCIDENT

1340

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	1525		07	31	84	TUESDAY	1548	1629
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	25		Plymouth			RD	02911	1557

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

1984 by

INCIDENT I

5.25

902F

Shift B Co. No. 1168 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001342	00	07	31	84	Tuesday	3 2150	2203
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	610		Smithfield			110	02904	2152

COMPILED SERVICE

Hopkins Health Cnt.

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 7/31, 1984 by Lt. Capaldi

INCIDENT

1342

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1169 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001526</u>	Exp. No. <u>000731</u>	MO. <u>8</u>	DAY <u>4</u>	YEAR <u>1984</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>3 2150</u>	TIME - "IN SERVICE" <u>2221</u>
CORRECT ADDRESS: <u>M.A.</u>		NO. <u>610</u>	DIR. <u>Smithfield</u>	NAME <u>Smithfield</u>		TYPE <u>Res</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>2152</u>

COMPILED SERVICE

S-23-2207

(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

See Report # 1168

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

This report forwarded to headquarters on 7/31, 1984 by Lt. Capaldi

INCIDENT

1526