

902F

Shift 1 Co. No. 780 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	956		06	01	84	FRIDAY	6 0844	0852
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			300 HIGH SER AVE				03904	

E1, E4, E2, E3, LAD1

COMPILED SERVICE

YELL Eⁿ

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 June 1, 1988 by PT A. Vincent

INCIDENT

956

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 787 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1052</u>	Exp. No.	MO. <u>06</u>	DAY <u>01</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6:33</u>	TIME - "IN SERVICE" <u>1:41</u>
CORRECT ADDRESS: <u>PROVIDENCE</u>		NO.	DIR.	NAME <u>20 PASTER ST</u>		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME <u>7:34</u>

COMPILED SERVICE

TRANSPORTATION

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>B-1</u>				
<u>A Rossi</u>				<u>Capt D Amico</u>
<u>W. Roy</u>				<u>Lt DiGaudio</u>
				<u>K. Scamardo</u>
				<u>A. Marone</u>
				<u>J. Silva</u>

INCIDENT

001052

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

This report forwarded to headquarters on 6-1, 19 84 by Rossi

902F

Shift B Co. No. 788 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000959	0006	01	84	Friday	6	2216	2219
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	Stella	&	Elmore			Av	02911	2219

C/B E-1 Box 128

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

959

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

This report forwarded to headquarters on 6/1, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 788

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1055</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>11:5</u>	TIME - "IN SERVICE" <u>1:39</u>
CORRECT ADDRESS <u>1306</u>	NO.	DIR.	NAME <u>Douglas</u>			TYPE <u>Res</u>	ZIP CODE	SIG 1 TIME <u>118</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			
	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
<u>J. Brown</u>				<u>St. Catharine</u>
<u>D. 5th</u>				<u>St. Bernard</u>
				<u>T. Condit</u>
				<u>T. Condit</u>
				<u>T. Condit</u>
				<u>K. Mason</u>
				<u>T. Condit</u>
				<u>R. Gaudin</u>

INCIDENT

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

This report forwarded to headquarters on June 2nd, 1984 by J. G. Smith

902F

Shift C Co. No. 790 Station No. 1

COMPILED SERVICE

CODE BLUE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on June 2, 19 84 by W. J. Loria

INCIDENT 000961

902F

Shift C Co. No. 791 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	000056		06	00	84	SATURDAY	751	831
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	110		TANGLEWOOD LANE				02904	755

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

[illegible]

This report forwarded to headquarters on June 2, 1984 by 2021 Davis

INCIDENT 008056

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 702 Station No. 1

FD ID 02400 INCIDENT NO. 100964 Exp. No. 060284 MO. 12 DAY 12 YEAR 84 DAY OF THE WEEK SATURDAY ALARM TIME 12:40 TIME - "IN SERVICE" 1:30

CORRECT ADDRESS: NO. 101 DIR. 150 NAME LOCUST TYPE 1A ZIP CODE 02811 SIG 1 TIME 1

WATER EMERGENCY 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		1 Sump Pump 1 EXTENSION CORD E-1
	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>Put. Agno</u>				<u>LT Cicerone</u>
<u>F. Ricci</u>				<u>Capt Russo</u>
<u>K. D'Amico</u>				<u>D. DiGiovanni</u>
				<u>R. Cicerone</u>
				<u>E. DiGiovanni</u>
				<u>D. Cicerone</u>

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

This report forwarded to headquarters on June 2, 19 84 by J. Agno

INCIDENT 100964

902F

Shift C Co. No. 193 Station No. 1

water

(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

INCIDENT I

This report forwarded to headquarters on _____, 19____ by D. K. Green

902F

Fill In This Report In Your Own Words

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			

[illegible]

This report forwarded to headquarters on 6-2-, 1984 by CAPT. MARWEIL

INCIDENT

1059

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 795 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1961</u>	Exp. No.	MO. <u>06</u>	DAY <u>03</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>100115</u>	TIME - "IN SERVICE" <u>0114</u>
CORRECT ADDRESS:		NO. <u>1135</u>	DIR.	NAME <u>MINERAL SPRING AVE</u>			TYPE <u>SS</u>	ZIP CODE <u>02904</u>
							SIG 1 TIME <u>0018</u>	

R-1 SS R-4 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-1</u>				
<u>K. ERICKSON</u>			<u>CAR-5</u>	<u>CAPT. MARWELL</u>
<u>B. HINES</u>			<u>F. Ricci</u>	<u>LT. Cicerone</u>
				<u>D. DiIorio</u>
				<u>D. Cicerone</u>
				<u>P. LABBADA</u>
				<u>R. PAULIN</u>

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

This report forwarded to headquarters on 6-3- 1984 by CAPT. MARWELL

INCIDENT

1061

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 796 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000969	Exp. No.	MO. 06	DAY 03	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 10049	TIME - "IN SERVICE" 0052
CORRECT ADDRESS:		NO.	DIR.	NAME SMITH + FRANKLIF		TYPE	ZIP CODE 02911	SIG 1 TIME

Box 141

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>D. CICEPONE</u>			<u>K. ERICKSON</u>
<u>D. DITORIO</u>	<u>P. LABADIA</u>			<u>B. HINES</u>
<u>R. PAULIN</u>				<u>F. RICCI</u>

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

This report forwarded to headquarters on 6-3- 84 by CAPT. MARWELL

INCIDENT

969

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 798 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 000970	Exp. No.	MO. 06	DAY 03	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 10:7:39	TIME - "IN SERVICE" 07:46
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		60		Urban		AU	02904	

E-5,4,3 L-2,1 Box 7446 **COMPILED SERVICE** C/yellow

(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>Lad</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Doyle</u>				<u>Capt. Marwell</u>
<u>R. Ponte</u>				<u>D. Di Iorio</u>
<u>F. Ricci</u>				<u>D. Cicerone</u>
<u>R. Paulin</u>				<u>P. habbadia</u>
<u>D. Singleton</u>				<u>S. Capracotta</u>
				<u>Lt. K. Cicerone</u>
				<u>W. Hines</u>

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

This report forwarded to headquarters on 6/3, 19 84 by Lt. Doyle

INCIDENT 000970

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 798 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0009771</u>	Exp. No.	MO. <u>06</u>	DAY <u>03</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>10810</u>	TIME - "IN SERVICE"
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>601</u>		<u>Urban</u>		<u>AV</u>	<u>02904</u>	<u>0815</u>

E-5,4,3 L-2,1 Box 7446 **COMPILED SERVICE** C/yellow

(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>had</u>				
<u>F. Ricci</u>				<u>Lt. Doyle</u>
<u>P. Labbadia</u>				<u>Lt. Cicerone</u>
<u>D. Singleton</u>				<u>D. DiToro</u>
<u>D. DeStefano</u>				<u>D. Cicerone</u>
				<u>W. Hines</u>
				<u>R. Ponte</u>
				<u>R. Paulin</u>
				<u>J. McNell</u>

INCIDENT

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

This report forwarded to headquarters on 6/3, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 799 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 000972	Exp. No.	MO. 06	DAY 03	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 10:818	TIME - "IN SERVICE" 09:04
CORRECT ADDRESS: 1802		NO.	DIR.	NAME Smith		TYPE 154	ZIP CODE 02911	SIG 1 TIME

E-1 Water Emergency **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
Eng				
Lt. Doyle				Capt. Russo
R. Pante				Lt. Cicerone
R. Pankin				P. Roderick
J. McNeill				D. Singleton
				P. Phabhadia
				D. Destefano
				D. Cicerone
				F. Ricci
				D. DiToro
				W. Hines

INCIDENT

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

This report forwarded to headquarters on 6/3, 19 84 by Lt. Doyle

902F

Shift D Co. No. 800 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	973		06	03	84	SUNDAY	1796	1810
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2072		Smith Centerdale Manor			57	03911	

ENGINE

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 June 3, 1984 by Stephen M. Howard

INCIDENT 000751

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 801 Station No. 1 ☒ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. <u>06</u>	DAY <u>03</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME	TIME - "IN SERVICE"
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Smith Centerdale Mass</u>		TYPE	ZIP CODE <u>02911</u>	SIG 1 TIME

Rescue

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>J. Doyle</u>	<u>D. Distefano</u>			<u>R. Paulin</u>
<u>F. Ricci</u>	<u>J. McMill</u>			<u>P. Labadie</u>
<u>P. Rockrick</u>				<u>J. Horan</u>
<u>D. Inglatien</u>				<u>R. PONTÉ</u>

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 802 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000975</u>	Exp. No.	MO.	DAY	YEAR <u>060384</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>12021</u>	TIME - "IN SERVICE" <u>2026</u>
CORRECT ADDRESS:		NO. <u>33</u>	DIR.	NAME <u>RED FERN</u>			TYPE <u>ST</u>	ZIP CODE <u>02911</u>
							SIG <u>1</u>	TIME <u>2023</u>

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>Capt. Russo</u>	<u>J. McNeill</u>			<u>P. Labbapia</u>
<u>F. Ricci</u>	<u>D. DeStefano</u>			<u>P. Rodrick</u>
<u>B. Porite</u>				
<u>D. Singleton</u>				
<u>B. Mahlin</u>				

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

This report forwarded to headquarters on June 3, 1984 by F. Ricci

INCIDENT

000975

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 803 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1064	Exp. No.	MO. 06	DAY 03	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 12021	TIME - "IN SERVICE" 21054
CORRECT ADDRESS:		NO. 33	DIR.	NAME RED FERN		TYPE 1ST	ZIP CODE 02911	SIG 1 TIME 21023

R-1 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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>	<u>R-1</u>			
SAME AS CO # 802				

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

This report forwarded to headquarters on _____, 19 84 by John W. Reed

INCIDENT

1064

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 804 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000976	Exp. No.	MO. 06	DAY 03	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 12:11:52	TIME - "IN SERVICE" 11:17
CORRECT ADDRESS:		NO.	DIR.	NAME Smith + Steere			TYPE	SIG 1 TIME
							ZIP CODE 02911	

C/Blue Box 143

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>Capt. Russo</u>	<u>P. Roderick</u>			<u>J. McNeill</u>
<u>F. Ricci</u>	<u>P. Hebbadia</u>			<u>D. Destefano</u>
<u>R. Ponte</u>	<u>F. Vescera</u>			
<u>R. Paulin</u>				
<u>D. Singleton</u>				

INCIDENT 000976

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

This report forwarded to headquarters on 6/3, 19 84 by P. Hebbadia

902F

Shift

Co. No.

Station No.

☐ Revised Report

E-1 Burch 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

b)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 806 Station No. 1

FD ID 02400 INCIDENT NO. 1070 Exp. No. 06 MO. 04 DAY 84 YEAR MONDAY ALARM TIME 1859 TIME - "IN SERVICE" 1924

CORRECT ADDRESS: 1967 NO. MSA DIR. MSA NAME MSA TYPE MSA ZIP CODE MSA SIG 1 TIME 1859

R-1 **COMPILED SERVICE** P.D. HEADQUARTERS

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

(D) MASTER STREAM APPLIANCES		(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No. 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. LABBADA</u>				<u>P. LABB</u>
<u>K. CULLIVAN</u>				<u>S. CAPACOTTA</u>
				<u>R. Di MARTINO</u>
				<u>D. SCOTT</u>
				<u>CHIEF Murphy</u>
				<u>M. Murphy</u>

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

This report forwarded to headquarters on 6-4, 1984 by Capt. Labbada

INCIDENT

1070

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 807 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1072</u>	Exp. No. <u>0.6</u>	MO. <u>0.4</u>	DAY <u>8.4</u>	YEAR <u>MONDAY</u>	DAY OF THE WEEK <u>22155</u>	ALARM TIME <u>2232</u>	TIME - "IN SERVICE" <u>2232</u>	
CORRECT ADDRESS: <u>285</u>		NO. <u>285</u>	DIR. <u>HUXLEY</u>	NAME <u>HUXLEY</u>			TYPE <u>1A</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

COMPILED SERVICE

*MUTUAL AID
CITY OF PROVIDENCE*

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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. CULLINAN</u>				<u>CAPT. LABBADAIA</u>
<u>F. VESCEA</u>				<u>F. Ricci</u>
				<u>D. Scott</u>
				<u>P. LABBADAIA</u>
				<u>S. CAPRACOTTI</u>
				<u>R. Di Maria</u>
				<u>M. Murphy</u>
				<u>Chief Murphy</u>
				<u>Dept. Chief</u>

INCIDENT

1072

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 808 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>991023</u>	Exp. No.	MO. <u>06</u>	DAY <u>05</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>130154</u>	TIME - "IN SERVICE" <u>02118</u>
CORRECT ADDRESS: <u>RIVER</u>		NO.	DIR.	NAME		TYPE <u>IRID</u>	ZIP CODE	SIG 1 TIME <u>102116</u>

R-1

COMPILED SERVICE

MUTUAL AID IN TOWN OF SMITHFIELD

(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>L. SANCHEZ</u>				<u>CAPT LABBADA</u>
<u>R. DIMARTINO</u>				<u>ERICCI</u>
				<u>D. SCOTT</u>
				<u>S. CAPRACOTTA</u>
				<u>F. VESCERA</u>

INCIDENT 1093

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

This report forwarded to headquarters on 6-5, 19 84 by R. Dimartino

902F

Shift 1 Co. No. 809 Station No. 1

COMPILED SERVICE

HYDRANTS USED AND TIME	SUCTION HOSE USED
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INCIDENT 001075

This report forwarded to headquarters on 6-5, 1984 by F. J. Muller

902F

Shift 1 Co. No. 870 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME	"IN SERVICE"
02400	00983		06	05	84	TUESDAY	1442	1500	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	35		ESTHER			DR	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 6-5, 1964 by Capt. J. J. Amico

INCIDENT

983

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 811 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>901077</u>	Exp. No.	MO. <u>06</u>	DAY <u>05</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>1626</u>	TIME - "IN SERVICE" <u>1727</u>
CORRECT ADDRESS: <u>610</u>		NO.	DIR.	NAME <u>Hopkins Health Ctr.</u>			TYPE	SIG 1 TIME <u>1627</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. D'Amico</u>
<u>Lt. Phillips</u>				<u>Lt. DiMillo</u>
<u>Lt. Scanziani</u>				<u>Lt. Capaldi</u>
				<u>1) Clark</u>
				<u>A. ZARLENCA</u>
				<u>13 CALINO</u>
				<u>5 GIARDE</u>
				<u>D. DeStefano</u>
				<u>Lt. BAZZLE</u>
				<u>J. GREGSON</u>

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

This report forwarded to headquarters on 6-5, 19 84 by Lt. P. Phillips

INCIDENT 001077

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	STATION NO.	ALARM TIME	TIME "IN SERVICE"	Report
02400	000985	00	06	05	84	Tuesday	3	1807	1813	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE		ZIP CODE	SIG	TIME
	1117		Douglas			Av		02904		

COMPILED SERVICE

R. N. Koch

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

L. Capaldi

INCIDENT

985

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 813 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1078</u>	Exp. No.	MO. <u>06</u>	DAY <u>25</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>3:19:06</u>	TIME — "IN SERVICE" <u>19:21</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Wickerman, Edmund</u>			TYPE <u>1</u>	SIG 1 TIME <u>19:27</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>J. B. Broun</u>
<u>D. Quinn Sr</u>				<u>J. B. Broun</u>
<u>J. Quinn</u>				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>
				<u>J. B. Broun</u>

INCIDENT

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

This report forwarded to headquarters on June 5, 1984 by John Quinn

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 8121 Station No. 7 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001079</u>	Exp. No. <u>06</u>	MO. <u>05</u>	DAY <u>05</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>3:22</u>	TIME - "IN SERVICE" <u>2:22/3</u>	
CORRECT ADDRESS:		NO. <u>1957</u>	DIR. <u>Mineral Spring</u>	NAME <u>Mineral Spring</u>			TYPE <u>Auto</u>	ZIP CODE <u>2210</u>	SIG 1 TIME <u>2:22/3</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>B-1</u>				<u>LT Capaldi</u>
<u>D. Brown Sr</u>				<u>LT Bazzie</u>
<u>I. Brown</u>				<u>T. Brown</u>
				<u>T. Capaldi</u>
				<u>K. MA...</u>
				<u>D. ...</u>

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

This report forwarded to headquarters on June 8 1984 by [Signature]

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"	Report
02400	001082		06	06	54	WED	4 11 31	1 2 1 3	
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG	1 TIME		
	1905		M 5A		02911		1 1 3 2		

COMPILED SERVICE

Med-Aid

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 24 by

St. Phillips
Clerk

INCIDENT 00100

902F

Shift 1 Co. No. 010 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001084		06	06	84	WED	4 13 54	1 4 00
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
MUTUAL AID	13		FREDRICKS			57		

Production

COMPILED SERVICE

CANCELLED

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 6-6, 1984 by LT. Phillips

INCIDENT

001084

902F

Shift 7 Co. No. 811 Station No. 1

Providence **COMPILED SERVICE** Med-Aid

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 June 6, 19 84 by L. P. Phillips

INCIDENT

001085

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	000989		06	06	84	WEDNESDAY	1457	1507	
CORRECT ADDRESS:		NO.	DIR.		NAME		TYPE	ZIP CODE	SIG 1 TIME
		1851			SMITH		57	93911	

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]

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

This report forwarded to headquarters on June 6, 1984 by Capt D'Amico

INCIDENT 000107

902F

Shift C Co. No. 877 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001088		06	06	84	WEDNESDAY	41919	1946
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1967		M.S.A.				02304	1919

STA. 1 IN A2K - IN COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 6/6, 1984 by R. Lincoln

INCIDENT

108

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 820 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00991</u>	Exp. No.	MO. <u>06</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>7 19 51</u>	TIME - "IN SERVICE" <u>19 55</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>MSA + PENBARKEE</u>		TYPE	ZIP CODE	SIG 1 TIME <u>19 52</u>

E-1 2/1 OPEN. BURNING

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM	<u>1</u>	BOOSTER	<u>25'</u>	
	SODA ACID		1½ INCH		
	PUMP TANKS		2½ INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. <u>3</u> Min.			
	CTC				

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>				<u>Chief Murphy</u>
<u>F. Ricci</u>				<u>K. Erickson</u>
<u>D. DiORIO</u>				<u>B. Hives</u>
<u>J. Laurie</u>				<u>R. YARCUTANU</u>
<u>M. Murphy</u>				<u>R. Pablin</u>
				<u>CAPT. RUGGIANO</u>
			<u>RES-1</u>	<u>R. DeCarlo</u>
				<u>R. Lavelon</u>
				<u>K. Lundy</u>

INCIDENT

000001

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

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

902F

Fill In This Report In Your Own Words

Revised Report

F-1

AUTO FIRE

COMPILED SERVICE

e/B

(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____

by

INCIDENT

9998

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 822 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 091990	Exp. No.	MO. 06	DAY 07	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 5:05:25	TIME - "IN SERVICE" 05:40
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		20		McGuire Rd		Apt 106	02904	0526

Taxi Run

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. Cicerone</u>				<u>Lt. Cicerone</u>
<u>R. Lincoln</u>				<u>D. DiIorio</u>
				<u>K. Erickson</u>
				<u>E. DiGiulio Sr</u>
				<u>B. Hines</u>
				<u>J. Laine</u>
				<u>R. Paulin</u>
				<u>F. Ricci</u>

INCIDENT 1090

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

This report forwarded to headquarters on June 7, 19 84 by R. Lincoln

902F

Shift

Co. No.

823

Station No.

☐ Revised Report

FD ID 02400	INCIDENT NO. 00- 1223	Exp. No.	MO. 06	DAY 07	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 1440	TIME - "IN SERVICE" 1525	
CORRECT ADDRESS:		NO. 1954	DIR.	NAME Smith			TYPE P	ZIP CODE 02911	SIG 1 TIME 1443

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<i>St. Louis</i>				<i>St. Louis</i>
<i>St. Paul</i>				<i>St. Paul</i>
<i>St. Peter</i>				<i>St. Peter</i>
				<i>St. John</i>
				<i>St. James</i>
				<i>St. Mary</i>
				<i>St. Michael</i>
				<i>St. Nicholas</i>
				<i>St. Rose</i>
				<i>St. Vincent</i>
				<i>St. Anthony</i>
				<i>St. Francis</i>
				<i>St. Elizabeth</i>
				<i>St. Margaret</i>
				<i>St. Ann</i>
				<i>St. Clare</i>
				<i>St. Ursula</i>
				<i>St. Agnes</i>
				<i>St. Cecilia</i>
				<i>St. Barbara</i>
				<i>St. Thérèse</i>
				<i>St. Joseph</i>
				<i>St. Ignace</i>
				<i>St. Francis Xavier</i>
				<i>St. Vincent de Paul</i>
				<i>St. Louis de Gonzaga</i>
				<i>St. Ignace of Loyola</i>
				<i>St. Francis of Assisi</i>
				<i>St. Anthony of Padua</i>
				<i>St. Thomas Aquinas</i>
				<i>St. Albert the Great</i>
				<i>St. Bonaventure</i>
				<i>St. John Capistrano</i>
				<i>St. Peter of Verona</i>
				<i>St. Paul of the Cross</i>
				<i>St. Alphonsus Liguori</i>
				<i>St. Charles Borromeo</i>
				<i>St. Ignace of Antioch</i>
				<i>St. Clement of Rome</i>
				<i>St. Lawrence of Rome</i>
				<i>St. Basil of Caesarea</i>
				<i>St. Gregory of Nazianzus</i>
				<i>St. Basil of Seleucia</i>
				<i>St. John Chrysostom</i>
				<i>St. Ambrose of Milan</i>
				<i>St. Jerome of Stridon</i>
				<i>St. Augustine of Hippo</i>
				<i>St. Gregory of Nyssa</i>
				<i>St. Basil of Caesarea</i>
				<i>St. John of Damascus</i>
				<i>St. Isaac of Syria</i>
				<i>St. Ephrem of Syria</i>
				<i>St. Marcellinus of Rome</i>
				<i>St. Peter of Alexandria</i>
				<i>St. Mark of Alexandria</i>
				<i>St. Basil of Caesarea</i>
				<i>St. John of Antioch</i>
				<i>St. Cyril of Alexandria</i>
				<i>St. Nestor of Antioch</i>
				<i>St. Isaac of Antioch</i>
				<i>St. John of Jerusalem</i>
				<i>St. Sava of Serbia</i>
				<i>St. Stefan of Hungary</i>
				<i>St. Ladislaus of Hungary</i>
				<i>St. Elizabeth of Hungary</i>
				<i>St. Agnes of Rome</i>
				<i>St. Cecilia of Rome</i>
				<i>St. Barbara of Nicomedia</i>
				<i>St. Ursula of Cologne</i>
				<i>St. Agatha of Sicily</i>
				<i>St. Lucy of Syracuse</i>
				<i>St. Thérèse of Lisieux</i>
				<i>St. Joan of Arc</i>
				<i>St. Elizabeth of the Hungarians</i>
				<i>St. Margaret of Antioch</i>
				<i>St. Ann of Visconti</i>
				<i>St. Clare of Assisi</i>
				<i>St. Ursula of Cologne</i>
				<i>St. Agnes of Rome</i>
				<i>St. Cecilia of Rome</i>
				<i>St. Barbara of Nicomedia</i>
				<i>St. Ursula of Cologne</i>
				<i>St. Agatha of Sicily</i>
				<i>St. Lucy of Syracuse</i>
				<i>St. Thérèse of Lisieux</i>
				<i>St. Joan of Arc</i>
				<i>St. Elizabeth of the Hungarians</i>
				<i>St. Margaret of Antioch</i>
				<i>St. Ann of Visconti</i>
				<i>St. Clare of Assisi</i>
				<i>St. Ursula of Cologne</i>
				<i>St. Agnes of Rome</i>
				<i>St. Cecilia of Rome</i>
				<i>St. Barbara of Nicomedia</i>

INCIDENT

bb

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

This report forwarded to headquarters on

19

6

bv

6

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 824 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001091	Exp. No.	MO. 06	DAY 07	YEAR 84	DAY OF THE WEEK Thursday 5	ALARM TIME 1635	TIME -- "IN SERVICE" 1714
CORRECT ADDRESS: Farnam Pike (Smithfield)		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME

R-1 Auto Accident

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME _____ SUCTION HOSE USED _____

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Doyle</u>				<u>F. Ricci</u>
<u>P. Habbadie</u>				<u>R. Ponte</u>
				<u>M. Rea</u>
				<u>P. Roderick</u>
				<u>D. Scott</u>
				<u>R. Pawlin</u>
				<u>Capt. Habbadie</u>

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

This report forwarded to headquarters on 6/7, 19 84 by Lt. Doyle

INCIDENT 001091

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 825 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 000994	Exp. No.	MO. 06	DAY 07	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 521.40	TIME - "IN SERVICE" 21.48
CORRECT ADDRESS: 201		NO.	DIR.		NAME McGuire		TYPE Rd	ZIP CODE 02904

E-1 hockout

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
Eng				
Lt. Doyle				Capt. Russo
S. Horan				M. Reg
J. McNeill				R. Ponte
M. Murphy				P. Roderick
				R. Paulin
				D. Singleton
				P. Rochebeau
				P. habbadia

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

This report forwarded to headquarters on 6/7, 19 84 by Lt. Doyle

INCIDENT 000994

902F

Shift 1 Co. No. 8016 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1092		06	08	84	THUR	52336	0033
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	42		Redfern			ST		2340

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 June 8, 19 84 by Rt. Robert Kohn

INCIDENT

1092

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 827 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 000996	Exp. No.	MO. 06	DAY 08	YEAR 84	DAY OF THE WEEK Friday	ALARM TIME 601.58	TIME -- "IN SERVICE" 02.1.3
CORRECT ADDRESS:		NO. 25	DIR.	NAME McGuire		TYPE RD	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>Eng</u>	TRUCK NO. <u>Res</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Doyle</u>	<u>P. Roderick</u>			<u>Capt. Russo</u>
<u>P. Habbadia</u>	<u>M. Rea</u>			<u>R. Ponte</u>
<u>J. McNeill</u>				<u>S. Horan</u>
<u>R. Paurin</u>				<u>D. Singheton</u>
				<u>F. Ricci</u>
				<u>P. Rochebeau</u>

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

This report forwarded to headquarters on 6/8, 19 84 by Lt. Doyle

INCIDENT 000996

902F

Fill In This Report In Your Own Words

☐ Revised Report

COMPILED SERVICE

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on June 8, 1984 by Rt. Patrick Kolond

INCIDENT

1093

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 829

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 00997	Exp. No.	MO. 06	DAY 08	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 60842	TIME - "IN SERVICE" 0953
CORRECT ADDRESS: E-1-2-L-1		NO. 1985	DIR. Smith	NAME Smith		TYPE FI	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

ACCIDENTAL

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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. E-1

TRUCK NO. L-1

TRUCK NO. _____

ON SCENE

STATION

Capt D. Amato
W. Boy
A. Zohlen

Lt. M. Fink
A. Ricci

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

This report forwarded to headquarters on

6-7

19

84 by *Capt D. Amato*
Ed. P.

INCIDENT

997

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 830

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001094</u>	Exp. No.	MO. <u>06</u>	DAY <u>08</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>0941</u>	TIME — "IN SERVICE" <u>1135</u>
CORRECT ADDRESS: <u>SILVER CREST NURSING HOME, BRISTOL, RA</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>1022</u>

B-1 TRANSPORTATION COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>St. Phillips</u>				<u>CHPT D'Amico</u>
<u>St. SCANDARICATO</u>				<u>St. DiGiulio</u>
				<u>A. Rossi</u>
				<u>A. ZANIERGA</u>
				<u>W. Roif</u>
				<u>J. Sirona</u>

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

This report forwarded to headquarters on _____, 19 84 by St. Phillips

INCIDENT

001094

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	000999		06	08	84	FRIDAY 6	1338	1349
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	20		MC GUIRE			AD	02911	

COMPILED SERVICE

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

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

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

[illegible]

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

This report forwarded to headquarters on

19

bv

INCIDENT

999

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	001095		06	08	84	FRIDAY	1215	1458	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
				CARARELLI'S BEACH, TWIN RIVERS				02904	1217

E-4 + R-1

COMPILED SERVICE

WATER SEARCH

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 June 8, 1984 by Lt. V. Phillips

INCIDENT 001095

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 833

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1097</u>	Exp. No.	MO. <u>06</u>	DAY <u>08</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6 19.42</u>	TIME — "IN SERVICE" <u>20.11</u>
CORRECT ADDRESS: <u>9</u>		DIR.	NAME <u>ELLIOT</u>		TYPE <u>ST</u>	ZIP CODE <u>02904</u>	SIG TIME <u>1944</u>	

E-4 JR-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						

(D) MASTER STREAM APPLIANCES			(E) LADDER USED		(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total 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>F. Ricci</u>
<u>L Sanchez</u>				<u>D. SCOTT</u>
				<u>S. Capricotta</u>
				<u>R. DiMartino</u>
				<u>D. DeStefano</u>

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

This report forwarded to headquarters on June 8th, 1984 by [Signature]

INCIDENT

1097

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	001,004		06	09	84	SATURDAY	1703.4.0	03.4.4	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
				WATERMAN + Sawin		1A	03511		

E-1,4,2 2-1

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on June 9, 19 84 by Pvt. S. Caproni

INCIDENT

001009

902F

Shift 15 Co. No. 833 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001005		06	09	84	SATURDAY	170804	0851
CORRECT ADDRESS:	BOX NO.	DJR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	3633		MUNICIPAL TOWN HALL			1	02911	

Box Alarm

COMPILED SERVICE

C/4 E-1 C-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 10 Dec 1984 by DL Lago

INCIDENT

521005

902F

Shift B Co. No. 836 Station No. 1

FD ID 02400	INCIDENT NO. 001100	Exp. No.	MO. 06	DAY 09	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 70924	TIME — "IN SERVICE" 0956	
CORRECT ADDRESS:		NO.	DIR.	NAME 5 MARIGOLD		TYPE CR	ZIP CODE	SIG 1 TIME	0928

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 JUNE 9, 1984 by PI. R. O'MARA

INCIDENT

001100

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 837

Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. <u>11101</u>	Exp. No.	MO. <u>06</u>	DAY <u>09</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sat</u>	ALARM TIME <u>71211</u>	TIME - "IN SERVICE" <u>1237</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>S. Mangood Cir.</u>		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1218</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>Capt. Russo</u>
<u>D. DeStefano</u>				<u>Lt. Capaldi</u>
<u>16. Ench</u>				<u>Lt. Bazzle</u>
				<u>K. O'mara</u>
				<u>P. Capaldi</u>
				<u>B. Poulton</u>
				<u>J. Grande</u>
				<u>K. Mayers</u>

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

This report forwarded to headquarters on 6-5, 19 84 by Kon Zuck

INCIDENT

119

SUPPLEMENTARY REPORT

INCIDENT 1008

902F

Fill In This Report In Your Own Words

(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

INCIDENT 0001010

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

This report forwarded to headquarters on JUNE 9, 1984 by Lt. Eric Bayle

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	001A12	000609	84	Saturday	7	1740	1749	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	9		Angela			CA	02808	1742

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____ 51. _____ 52. _____ 53. _____ 54. _____ 55. _____ 56. _____ 57. _____ 58. _____ 59. _____ 60. _____ 61. _____ 62. _____ 63. _____ 64. _____ 65. _____ 66. _____ 67. _____ 68. _____ 69. _____ 70. _____ 71. _____ 72. _____ 73. _____ 74. _____ 75. _____ 76. _____ 77. _____ 78. _____ 79. _____ 80. _____ 81. _____ 82. _____ 83. _____ 84. _____ 85. _____ 86. _____ 87. _____ 88. _____ 89. _____ 90. _____ 91. _____ 92. _____ 93. _____ 94. _____ 95. _____ 96. _____ 97. _____ 98. _____ 99. _____ 100. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____ 51. _____ 52. _____ 53. _____ 54. _____ 55. _____ 56. _____ 57. _____ 58. _____ 59. _____ 60. _____ 61. _____ 62. _____ 63. _____ 64. _____ 65. _____ 66. _____ 67. _____ 68. _____ 69. _____ 70. _____ 71. _____ 72. _____ 73. _____ 74. _____ 75. _____ 76. _____ 77. _____ 78. _____ 79. _____ 80. _____ 81. _____ 82. _____ 83. _____ 84. _____ 85. _____ 86. _____ 87. _____ 88. _____ 89. _____ 90. _____ 91. _____ 92. _____ 93. _____ 94. _____ 95. _____ 96. _____ 97. _____ 98. _____ 99. _____ 100. _____

[illegible]

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

This report forwarded to headquarters on

19 89 by Lt. Capaldi

INCIDENT!

1012

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 841 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001155000609</u>	Exp. No.	MO. <u>09</u>	DAY <u>84</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>1740</u>	TIME - "IN SERVICE" <u>1843</u>
CORRECT ADDRESS: <u>Medical Aid</u>		NO. <u>9</u>	DIR.	NAME <u>Angela</u>		TYPE <u>CT</u>	ZIP CODE <u>02904</u>	SIG TIME <u>1742</u>

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. _____	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<i>See Report</i>				

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

This report forwarded to headquarters on 6/9, 1984 by Lt. Capaldi

INCIDENT 001105

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 842 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001013</u>	Exp. No. <u>0006</u>	MO. <u>09</u>	DAY <u>84</u>	YEAR <u>Saturday</u>	DAY OF THE WEEK <u>7</u>	ALARM TIME <u>2052</u>	TIME - "IN SERVICE" <u>205</u>
CORRECT ADDRESS: <u>251</u>		NO. <u>McGuire</u>	DIR. <u>McGuire</u>	NAME <u>McGuire</u>		TYPE <u>101</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

E-1 Detail

COMPILED SERVICE

Bldgs D & E

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Capaldi</u>				<u>Chief Murphy</u>
<u>J. Grande</u>				<u>Lt. Bazzle</u>
<u>J. Wheeler</u>				<u>B. Paulin</u>
<u>J. Cagno</u>				<u>J. Gregson</u>
<u>D. DeStefano</u>				<u>J. Casolino</u>
<u>M. Murphy</u>				<u>K. Mayers</u>

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

This report forwarded to headquarters on 6/9, 19 84 by Lt. Capaldi

INCIDENT

1013

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 843 Station No. 1

☐ Revised Report

FD ID 02400 INCIDENT NO. 001126 Exp. No. 0006 MO. 09 YEAR 84 DAY OF THE WEEK Saturday ALARM TIME 2100 TIME — "IN SERVICE" 2125

CORRECT ADDRESS: NO. 1 DIR. Douglas (town line) NAME Smithfield TYPE AV ZIP CODE 02904 SIG TIME 2103

Person struck by auto 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>P-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Gregson</u>				<u>Chief Murphy</u>
<u>J. Casolino</u>				<u>Lt. Capaldi</u>
				<u>Lt. Bazzle</u>
				<u>K. Mayers</u>
				<u>J. Grande</u>
				<u>J. Cagno</u>
				<u>M. Murphy</u>
				<u>D. DeStefano</u>
				<u>B. Poolin</u>
				<u>J. Wheeler</u>

INCIDENT 1126

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

This report forwarded to headquarters on 6/9, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 844 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001128</u>	Exp. No. <u>06</u>	MO. <u>08</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>12:12</u>	TIME — "IN SERVICE" <u>00:01</u>
CORRECT ADDRESS: <u>1967</u>		NO.	DIR.	NAME <u>Minekspary</u>		TYPE <u>40</u>	ZIP CODE	SIG 1 TIME <u>0127</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>J. Casolino</u>				<u>Shovel</u>
<u>J. Hagan</u>				<u>SP</u>
				<u>SC/3</u>

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

This report forwarded to headquarters on June 10th, 1984 by John Hagan

INCIDENT

1108

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 845 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001114	Exp. No.	MO. 06	DAY 10	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 1109	TIME - "IN SERVICE" 0950
CORRECT ADDRESS: 91 Elizabeth Dr.		NO.	DIR.	NAME		TYPE	ZIP CODE 02904	SIG 1 TIME 0920

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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION (NPHS)
<u>R. Paulin</u>				<u>Chief Murphy</u>
<u>R. Lincoln</u>				<u>Capt. Marwell</u>
<u>K. Landry</u>				<u>D. Cicerone</u>
				<u>E. DiGiulio, Jr.</u>
				<u>B. Hines</u>
				<u>J. Laurie</u>
				<u>P. Labbadra</u>
				<u>F. Ricci</u>
				<u>& members in attendance @</u>
				<u>Firemen's Memorial</u>

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

This report forwarded to headquarters on June 10, 19 84 by R. Lincoln

INCIDENT

1114

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 848 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001015</u>	Exp. No. <u>06</u>	MO. <u>10</u>	DAY <u>8</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>1157</u>	TIME -- "IN SERVICE" <u>1205</u>
CORRECT ADDRESS: <u>8111</u>		NO. <u>1</u>	DIR. <u>1</u>	NAME <u>LOR:</u>		TYPE <u>DR</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1159</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. MARWEIL</u>				<u>E. D. GILIO</u>
<u>F. RICCI</u>				<u>P. LABBADIA</u>
<u>D. CICEPONE</u>				<u>J. LAURIE</u>
<u>B. HINES</u>				<u>R. PAULIN</u>
				<u>R. LINCOLN</u>
				<u>K. LANDRY</u>

INCIDENT

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

This report forwarded to headquarters on 6-10-, 1984 by CAPT. MARWEIL

902F

Shift C Co. No. 897 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	001016		06	10	84	SUNDAY	11415	1421	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	7		KAREN			DR	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 6-10-, 1984 by CAPT MARWELL

INCIDENT

1016

902F

Shift "C" Co. No. 848 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00		06	10	84	Sunday	11421	1511
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1840		Mineral Spring Ave				02905	1422

N. P. E. R.

COMPILED SERVICE

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

rescue
INCIDENT 151

902F

Shift C Co. No. 849 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001117		06	10	84	Sunday	11549	1634
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	919		Douglas			Av		1553

R-1 E.4 (City of
Prou.)

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 6/10, 1984 by R. Lynch

INCIDENT!

1117

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 850 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001019	Exp. No.	MO. 06	DAY 10	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 11:16	TIME - "IN SERVICE" 16:55
CORRECT ADDRESS:		NO. 601	DIR. 1	NAME URBAN		TYPE AVE.	ZIP CODE 02904	SIG 1 TIME 1653

Box 7446 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
6-1				CAPT. MARWELL
E. DiGiulio				D. DiIorio
P. LABBADA				D. Cicerone
				K. Erickson
				B. Hines
				R. Paulin
				R. Lincoln
				K. Landry
				D. Cagno
				R. Parenteau

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

This report forwarded to headquarters on 6-10- 1984 by CAPT. MARWELL

INCIDENT

1019

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 851 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001020	Exp. No.	MO. 06	DAY 10	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 11702	TIME - "IN SERVICE" 1707
CORRECT ADDRESS:		NO. 69	DIR.	NAME URBAN		TYPE AVE	ZIP CODE 02904	SIG 1 TIME 1706

Box 7446 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME				SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<u>L-1</u>				<u>CAPT. MARWELL</u>	
<u>E. DiGiulio</u>				<u>D. DiToro</u>	
<u>P. LABBADA</u>				<u>D. CICERONE</u>	
				<u>K. ERICKSON</u>	
				<u>B. HINES</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 6-10-, 1984 by CAPT. MARWELL

INCIDENT

1020

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 852 Station No. 1 ☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>001119</u>	Exp. No. <u>9610</u>	MO. <u>8</u>	DAY <u>4</u>	YEAR <u>1984</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>1119</u>	TIME — "IN SERVICE" <u>9.4.9</u>
CORRECT ADDRESS: <u>18821</u>		NO. <u>1</u>	DIR. <u>1</u>	NAME <u>Smith St</u>		TYPE <u>1</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1922</u>

Rescue Run

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME _____ SUCTION HOSE USED _____

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. Paulin</u>				<u>Capt Marnell</u>
<u>R. Lincoln</u>				<u>Lt. Cicerone</u>
				<u>D. DiIorio</u>
				<u>D. Cicerone</u>
				<u>K. Erickson</u>
				<u>E. DiGiulio, Jr</u>
				<u>B. Hines</u>
				<u>J. [unclear]</u>

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

This report forwarded to headquarters on June 10, 19 84 by R. Lincoln

INCIDENT 119

902F

Shift C Co. No. 853 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001022		06	10	84	SUNDAY	12237	2252	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		243		WATERMAN			AVE.	92911	2240

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 6-10-, 1984 by CAPT. MARWELL

INCIDENT

1022

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 854 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001120</u>	Exp. No.	MO. <u>06</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>12237</u>	TIME - "IN SERVICE" <u>2318</u>
CORRECT ADDRESS:		NO. <u>243</u>	DIR.	NAME <u>WATERMAN</u>		TYPE <u>AVE</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>2240</u>

Rescue Rm

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. <u>R-1</u>	TRUCK NO. <u>E-1</u>	TRUCK NO. _____	ON SCENE	STATION
SAME AS				
CO. # 853				

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

This report forwarded to headquarters on June 10, 1984 by R. Lined

INCIDENT 1120 Rescue

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 855 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001121	Exp. No. 06	MO. 10	DAY 8	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 12328	TIME - "IN SERVICE" 0003
CORRECT ADDRESS: 1965		NO. 1		DIR. Smith St		NAME Smith St		SIG 1 TIME 2332

Rescue Rm

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED		
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<u>R-1</u>				<u>Capt Marnell</u>	INCIDENT <u>1124</u>
<u>R. Paulin</u>				<u>Lt Ciccone</u>	
<u>R. Lincoln</u>				<u>F. Ricci</u>	
				<u>D. DiIorio</u>	
				<u>D. Ciccone</u>	
				<u>K. Erickson</u>	
				<u>E. Digilio, Jr</u>	
				<u>B. Hines</u>	
				<u>J. Laurie</u>	

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

This report forwarded to headquarters on June 10, 1984 by R. Funch

INCIDENT

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		001023			06	11	84	Monday		20.51.7		08.33	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE		ZIP CODE		SIG 1 TIME		
		2		GREYSTONE			A/C CREW				820		

WORCESTER TEXTILE

COMPILED SERVICE

SSE-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]

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

This report forwarded to headquarters on

6-11, 1984 by Capt D. Amico

INCIDENT

1023

902F

Shift 7 Co. No. 258 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	021123		06	11	84	MONDAY	2-958	10:33
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		8053	SMITH			ST		1000

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 6/14/84, 1984 by A. Rossi (D.D)

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	1024		06	11	84	MONDAY	0959	1002
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			60 URBAN AVE					

E5, E4, E3 LAO-1

COMPILED SERVICE

YELLOW-E-5
(C) SALVAGE COVERS USED

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

198

bv

INCIDENT

This report forwarded to headquarters on

902F

Shift

Co. No.

Station No. _____

Revised
Report

CORRECT ADDRESS:

NO.

DIE

4

EDAY OF THE WEEK

ALARM TIME

TIME — "IN SERVICE"

SIG
1 TIME

ZIP CODETYPE

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

201

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 862 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001130</u>	Exp. No.	MO. <u>06</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>121833</u>	TIME -- "IN SERVICE" <u>1911</u>
CORRECT ADDRESS:		NO. <u>38</u>	DIR.	NAME <u>MARCONI</u>		TYPE <u>1st</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>836</u>

C-4 R-1

COMPILED SERVICE

Med Aid

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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>R Paulin</u>				
<u>M. Rea</u>				

SAME AS
861

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

This report forwarded to headquarters on 6/11, 19 84 by R. Paulin

INCIDENT 001130

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 862 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1132</u>	Exp. No.	MO. <u>6</u>	DAY <u>11</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>21936</u>	TIME - "IN SERVICE" <u>2025</u>
CORRECT ADDRESS: <u>STA. 2</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>1939</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>M. BEA</u>				
<u>R. PAVLIN</u>				
SAME AS CO # 862				

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

This report forwarded to headquarters on June 11, 1984 by _____

RESAVE
INCIDENT
1132

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 864 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1135</u>	Exp. No. <u>06</u>	MO. <u>1</u>	DAY <u>1</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>2310</u>	TIME - "IN SERVICE" <u>2325</u>
CORRECT ADDRESS: NO. _____ DIR. _____ NAME _____		TYPE _____		ZIP CODE _____		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
<u>R-1</u>				
<u>M. Bley</u>				
<u>R. Paulin</u>				
<u>P. Rocheleau</u>				
SAME AS <u>1663</u>				

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

This report forwarded to headquarters on June 12, 1984 by M. Bley

INCIDENT

1135

902F

Shift

Co. No.

Station No.

☐ Revised Report

E4, E3, E1, LAD-1 **COMPILED SERVICE** YELL E-4

(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			

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

19

by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 866

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001139</u>	Exp. No.	MO. <u>06</u>	DAY <u>12</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>12:13</u>	TIME - "IN SERVICE" <u>12:39</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG TIME
				<u>101 TANGLEWOOD</u>		<u>101</u>	<u>02904</u>	<u>12:16</u>

TRANSPORTATION

COMPILED SERVICE APT - 101

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

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

HYDRANTS USED AND TIME				SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<u>R-1</u>				<u>Capt. D. Amato</u> <u>Det. M. Amato</u> <u>R. Scandariato</u> <u>W. R. R.</u> <u>J. Silva</u>	
<u>A. Rossi</u>					
<u>A. Zandona</u>					

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

This report forwarded to headquarters on

6-12, 1984 by A. Rossi
E. H. T.

INCIDENT

001139

902F

Shift 1 Co. No. 161 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001033		06	12	84	THURSDAY	1247	1302
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2072		SMITH S			ST	02911	1249

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 6-12, 19 44 by W. J. Campbell
ASL

INCIDENT

ww

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

19

by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A"

Co. No. 869

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1148</u>	Exp. No. <u>06</u>	MO. <u>13</u>	DAY <u>84</u>	YEAR <u>WED</u>	DAY OF THE WEEK <u>4</u>	ALARM TIME <u>12:08</u>	TIME - "IN SERVICE" <u>12:33</u>
CORRECT ADDRESS: <u>1800</u>		NO. <u>1800</u>	DIR. <u>SMITH</u>	NAME <u>SMITH</u>		TYPE <u>ST</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA ACID		1½ INCH		
	PUMP TANKS		2½ INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF 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>B-1</u>			✓	<u>Capt. D. Umico</u> <u>J. H. Dr. Miller</u> <u>K. Scandariato</u> <u>W. Roy</u>
<u>A. Rossi</u>				
<u>A. Jarama</u>				

INCIDENT

1148

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

This report forwarded to headquarters on 6-13, 1984 by A. Rossi
ERH

902F

Shift 1 Co. No. 070 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 1149	Exp. No.	MO. 6	DAY 13	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 1320	TIME — "IN SERVICE" 1408
CORRECT ADDRESS:	NO.	DIR.	NAME 21 GREYSTONE			TYPE A.V.	ZIP CODE	SIG 1 TIME 1323

COMPILED SERVICE

23 ~~1339~~ 1347

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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]

INCIDENT

1149

This report forwarded to headquarters on JUNE 13, 1984 by K. Koss

902F

Fill In This Report In Your Own Words

FD-204 (Rev. 1-25-60)

Shift 6 Co. No. 871 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1152</u>	Exp. No.	MO. <u>6</u>	DAY <u>13</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>1408</u>	TIME - "IN SERVICE" <u>1418</u>	
CORRECT ADDRESS:		NO.	DIR.	NAME <u>97 High Service</u>		TYPE	ZIP CODE	SIG 1 TIME <u>1408</u>	

Transportation

COMPILED SERVICE

23 / 8 / 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]

INCIDENT

1152

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

This report forwarded to headquarters on June 13, 1984 by A. Rossi

902F

Shift 5 Co. No. 812 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	1153		06	13	ST	2nd	4:16	4:17	7:17	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME		
			Smith St. Bldg					1:16		

Med-Bird

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 June 23rd, 1984 by John G. Jenson

INCIDENT

1153

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 873

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001038</u>	Exp. No. <u>0006</u>	MO. <u>13</u>	DAY <u>84</u>	YEAR <u>Wednesday</u>	DAY OF THE WEEK <u>4</u>	ALARM TIME <u>1807</u>	TIME - "IN SERVICE" <u>1817</u>
CORRECT ADDRESS: <u>242</u>		NO. <u>Waterman</u>		DIR. <u>Av</u>		ZIP CODE <u>02911</u>		SIG 1 TIME

C/Y E-1 Box 642 **COMPILED SERVICE** E-1, 4, 2 L-1

(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. Copaldi</u>	<u>Lt. Bazzle</u>			<u>P. Roderick</u>
<u>J. Grande</u>	<u>J. Gregson</u>			<u>D. Gregson, Sr.</u>
<u>J. Cagno</u>	<u>D. DeStefano</u>			

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

This report forwarded to headquarters on 6/13, 1984 by Lt. Copaldi

INCIDENT 001038

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 8721 Station No. 1 ☐ Revised Report

FD ID 02400 INCIDENT NO. 1158 Exp. No. 06 MO. 1 DAY 4 YEAR 84 DAY OF THE WEEK Thursday ALARM TIME 6:59 TIME - "IN SERVICE" 7:18

CORRECT ADDRESS: NO. 19 DIR. Kearthorne NAME Med-Hill TYPE 2nd ZIP CODE 02904 SIG 1 TIME 7:01

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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE		STATION
<u>J. J. Coughlin</u>					
<u>J. Gregson</u>					

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

This report forwarded to headquarters on JUN 14, 19 84 by Gregson

INCIDENT

1158

902F

Shift B Co. No. 875 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001042	00	06	14	84	Thursday	5 0727	0735
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	586		Woon.			AV	02911	

Medical 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			

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 6/19, 1989 by Lt. Capaldi

INCIDENT

1042

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 876 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 0011590006	Exp. No.	MO. 14	DAY 84	YEAR Thursday 5	ALARM TIME 0727	TIME - "IN SERVICE" 015749
CORRECT ADDRESS: 586 Woon.		NO.	DIR.	NAME		TYPE	SIG 1 TIME

Medical Aid

COMPILED SERVICE

23-795

130

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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
See Report #875				

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

This report forwarded to headquarters on 6/14, 1984 by Lt. Capaldi

INCIDENT 1154

902F

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

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001043		06	14	84	Thursday	0828	0838
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			ALLEN & SMITH				02911	

E-1-R-1

COMPILED SERVICE

Auto 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

6-14, 1984 by Capt H. Amundson
G. West

INCIDENT

1843

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

6-14, 19⁸⁴ by A. Rossi
Esq.

INCIDENT

1160

902F

Shift 1 Co. No. 877 Station No. 1

E-2-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

6-14, 1984 by A. Rossi
CPL. #

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	101045		06	14	88	Thursday	1219	1250
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	350		Sunset Hc Apt				02911	1230

Boy 2175

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

C-14, 1984 by Capt. R. J. Anderson
Elliott

INCIDENT

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

Med Aid

(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

by

INCIDENT

121

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 882 Station No. ✓

☐ Revised Report

FD ID 02400	INCIDENT NO. 00,10,47	Exp. No.	MO. 0,6	DAY 1,5	YEAR 8,4	DAY OF THE WEEK FRIDAY	ALARM TIME 0,1,19	TIME - "IN SERVICE" 0,1,2,6
CORRECT ADDRESS:		NO.	DIR.	NAME WORCESTER TEXTILE PARKING LOT		TYPE	ZIP CODE	SIG 1 TIME 0,1,2,4

C-Y CAR FIRE

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>D. CICERONE</u>				<u>LT. CICERONE</u>
<u>D. DIORIO</u>				<u>F. RICCI</u>
<u>R. PAULIN</u>				<u>R. ERICKSON</u>
				<u>R. LABBANA</u>
				<u>E. DIORIO</u>
				<u>B. HINES</u>

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

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

INCIDENT 001047

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	001048		06	15	84	FRIDAY	0830	0832
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			LINDA E ORFORD					

COMPILED SERVICE

E5, E4, E3, LAD1

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

bv

INCIDENT

850

902F

Shift P Co. No. 884 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001049		06	15	84	FRIDAY	605460	0559	
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE	SIG TIME
	200		HIGGINS				AL	02011	0542

E. 1-4-3-2-L-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 6-15, 1984 by Capt D. J. [Signature]

INCIDENT

1049

902F

Shift D Co. No. 885 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1052		6	15	84	FRIDAY	11637	11651
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Greystone School				02904	

(A) EXTINGUISHERS

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER	400 FT		
	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 6/15/88, 1984 by David Sengler

INCIDENT

902F

Shift D Co. No. 886 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1053		06	15	84	Friday	6 1954	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Douglas			1A1V	02904	2000

R.N. Koch Code Yellow ⁴ ~~EM~~ COMPILED SERVICE

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

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

[illegible]

This report forwarded to headquarters on 6/15, 19 84 by Pvt. D. DeShazo

INCIDENT 1053

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 887

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1172	Exp. No.	MO. 06	DAY 15	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 62029	TIME - "IN SERVICE" 21.20
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME 203.5

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. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>M. REA</u>				<u>CHIEF MURPHY</u>
<u>R. PAULIN</u>				<u>CAPT RUSSO</u>
				<u>11 RUGGIANO</u>
				<u>LT. DOYLE</u>
				<u>HORAN</u>
				<u>PONTE</u>
				<u>SINGLETON</u>
				<u>LABBADA</u>
				<u>DESTEFANO</u>
				<u>P. BOCHLEAU</u>

RESCUE INCIDENT 1172

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 888 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1054</u>	Exp. No.	MO. <u>06</u>	DAY <u>15</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>5:28</u>	TIME - "IN SERVICE" <u>4:19</u>
CORRECT ADDRESS: <u>811</u>		NO.	DIR. <u>Elliot</u>	NAME		TYPE <u>ST</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. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Horan</u>				<u>Capt. Russo</u>
<u>R. Forte</u>				<u>Lt. Doyle</u>
<u>D. Singleton</u>				<u>M. Rea</u>
<u>P. Rocheleau</u>				<u>D. Distefano</u>
				<u>P. Lablondia</u>
				<u>R. Paulin</u>

INCIDENT

1054

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

This report forwarded to headquarters on June 15, 19 84 by Pvt. Stephen M. Horan.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 889 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001055	Exp. No.	MO. 06	DAY 16	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 7 03 27	TIME — "IN SERVICE" 03 37
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		465		Woonasquetucket		IAU	02911	

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

TRUCK NO. <u>Eng.</u>	TRUCK NO. <u>had</u>	TRUCK NO. _____	ON SCENE	STATION
<u>H. Doyle</u>	<u>S. Horan</u>			<u>Capt. Russo</u>
<u>P. habbadiq</u>	<u>R. Pont e</u>			<u>R. Paulin</u>
<u>D. Destefano</u>	<u>D. Singheton</u>			<u>F. Ricci</u>
<u>J. Horan</u>	<u>P. Rochebeau</u>			<u>M. Rea</u>

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

This report forwarded to headquarters on 6/16, 1984 by H. Doyle

INCIDENT 001055

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 890 Station No. 1 ☐ Revised Report

FD ID 02400 INCIDENT NO. 1175 Exp. No. 0.6 MO. 1 DAY 6 YEAR 84 DAY OF THE WEEK SATURDAY ALARM TIME 11:55 TIME - "IN SERVICE" 11:55

CORRECT ADDRESS: 1155 DOUGLAS TYPE AV ZIP CODE 01860 SIG 1 TIME 11:55

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	
<u>R-1</u>					
<u>M. REA</u>					
<u>R. PAULIN</u>					
<u>P. ROCHELEAU</u>					
<u>SAME AS V</u> <u>Co # 889</u>					

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

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

RESCUE
INCIDENT
1175

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 891 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 091177	Exp. No.	MO. 06	DAY 16	YEAR 84	DAY OF THE WEEK SAT	ALARM TIME 22:11	TIME - "IN SERVICE" 12:53
CORRECT ADDRESS:		NO.	DIR.	NAME ALMAGS Minerals Sp Arc		TYPE	ZIP CODE	SIG 1 TIME 12:14

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>A1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. RODERICK</u>				<u>CAPT. CABBADIA</u>
<u>L. SANCHEZ</u>				<u>F. RICCI</u>
				<u>D. SCOTT</u>
				<u>P. CABBADIA</u>
				<u>S. CAPRACOTTA</u>
				<u>F. VESCEA</u>
				<u>CAPT. RUSSO</u>

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

This report forwarded to headquarters on June 16, 19 84 by [Signature]

INCIDENT 1177

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 892 Station No. 11 1079 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001178</u>	Exp. No.	MO. <u>06</u>	DAY <u>16</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SAT</u>	ALARM TIME <u>7:13:00</u>	TIME - "IN SERVICE" <u>1:51:58</u>
CORRECT ADDRESS:	NO.	DIR.	NAME <u>1178</u>			TYPE	ZIP CODE	SIG 1 TIME <u>14094</u>

TOWN OF SMITHFIELD **COMPILED SERVICE**

RES-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>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>PP RODRIGUEZ</u>				<u>CAPT. CARBONIA</u>
<u>IL SANABER</u>				<u>E. RICCI</u>
				<u>D. SCOTT</u>
				<u>P. CARBONIA</u>
				<u>S. CAPRACOTTA</u>
				<u>F. VISCERA</u>
				<u>CAPT. RUSSO</u>

INCIDENT

11787

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

This report forwarded to headquarters on June 16, 19 84 by [Signature]

902F

Shift H Co. No. 873 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	1181		06	16	84	SATURDAY	72058	2132	
CORRECT ADDRESS.	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	243		SMITH			IS		2101	

R-1 City of Prov. **COMPILED SERVICE**

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

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

[illegible]

This report forwarded to headquarters on

19

b7c

84 by Capt Labboche

INCIDENT

902F

Shift 11 Co. No. 811 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1183	0616	84	Saturday	7			
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG	1 TIME	
			MSA 1967	AV	02901			

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 6-16, 1987 by (Sgt. Tabbach)

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 895 Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001059</u>	Exp. No. <u>0006</u>	MO. <u>17</u>	DAY <u>84</u>	YEAR <u>Sunday</u>	DAY OF THE WEEK <u>1</u>	ALARM TIME <u>1051</u>	TIME - "IN SERVICE" <u>1101</u>
CORRECT ADDRESS: <u>c/y E-1 Dumpster</u>		NO. <u>100</u>	DIR. <u>Morgan</u>	NAME <u>Morgan</u>		TYPE <u>Av</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM	<u>1</u>	BOOSTER	<u>50'</u>	
	SODA ACID		1½ INCH		
	PUMP TANKS		2½ INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMP			
	CTC	Hrs.Min.		<u>5</u>	

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>				<u>Lt. Bazzle</u>
<u>Lt. Capaldi</u>				<u>Chief Murphy</u>
<u>J. Grande</u>				<u>Dept. Chief</u>
<u>D. DeStefano</u>				<u>K. Mayers</u>
<u>J. Casalino</u>				<u>Capt. Ruggiano</u>
				<u>J. Gregson</u>
				<u>J. Wheeler</u>
				<u>P. Labbadia</u>
				<u>B. Paulin</u>

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

This report forwarded to headquarters on 6/17, 19 84 by Lt. Capaldi

INCIDENT

1059

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 896 Station No. 1 ✓

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001 187</u>	Exp. No.	MO. <u>06</u>	DAY <u>17</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sun</u>	ALARM TIME <u>1836</u>	TIME - "IN SERVICE" <u>1910</u>
CORRECT ADDRESS: <u>Med. A.C.</u>		NO.	DIR.	NAME <u>Mc Guire</u>		TYPE <u>Bed</u>	ZIP CODE	SIG 1 TIME <u>1837</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>J. Wheeler</u>				<u>LT. Caputo</u>
<u>J. Gregson</u>				<u>W. Bazzle</u>
				<u>T. Cagney</u>
				<u>T. Grande</u>
				<u>K. Williams</u>
				<u>T. Crispin</u>
				<u>D. D. Stearns</u>
				<u>B. Sullivan</u>

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

This report forwarded to headquarters on June 17th, 1984 by John Jay

INCIDENT

001187

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 897 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001062</u>	Exp. No. <u>0006</u>	MO. <u>17</u>	DAY <u>84</u>	YEAR <u>Sunday</u>	DAY OF THE WEEK <u>1</u>	ALARM TIME <u>1950</u>	TIME - "IN SERVICE" <u>1958</u>
CORRECT ADDRESS:		NO. <u>1851</u>	DIR. <u>Smith</u>	NAME <u>Smith</u>			TYPE <u>SA</u>	ZIP CODE <u>02911</u>

Assisted Rescue

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>R-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Capaldi</u>	<u>J. Gregson</u>			<u>K. Mayers</u>
<u>J. Grande</u>	<u>J. Wheeler</u>			<u>Dept. Chief</u>
<u>D. Collinan</u>				<u>Ct. Bazzle</u>
<u>J. Cagno</u>				
<u>J. Casalino</u>				
<u>D. DeStefano</u>				

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

This report forwarded to headquarters on 6/17, 1984 by Lt. Capaldi

INCIDENT

1062

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

Revised Report

FD ID 02400	INCIDENT NO. 001183	Exp. No.	MO 06	DAY 17	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 11953	TIME - "IN SERVICE" 0001
CORRECT ADDRESS:	NO. 1850	DIR.	NAME Smith			TYPE ST	ZIP CODE	SIG 1 TIME 195

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 June 17, 1982 by _____

INCIDENT

1188

902F

Shift 1 Co. No. 899 Station No. 1

☐ Revised Report

COMPILED SERVICE

(C) SALVAGE COVERS USED

WORKING TIME OF PUMP

(F) OTHER EQUIPMENT

Type	Total F
------	---------

SUCTION HOSE USED

ON SCENE

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

INCIDENT 001064

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 900 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001193	Exp. No.	MO. 06	DAY 18	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 21904	TIME - "IN SERVICE" 1911
CORRECT ADDRESS: 4151		NO.	DIR.	NAME Sunset Ave		TYPE B37	ZIP CODE 02904	SIG 1 TIME 1905

Detail

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>R. Paulin</u>				<u>Capt Maxwell</u>
<u>R. Lincoln</u>				<u>D. DiIorio</u>
<u>K. Landry</u>				<u>K. Erickson</u>
				<u>E. Digilio, Jr</u>
				<u>B. Hines</u>
				<u>J. Cagno</u>
				<u>K. Cullinan</u>
				<u>Capt. Ruggiano</u>

INCIDENT 1193

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

This report forwarded to headquarters on June 18, 1984 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 901 Station No. ✓

☐ Revised Report

FD ID 02400	INCIDENT NO. 001194	Exp. No. 0.6	MO. 19	DAY 84	YEAR Tuesday	DAY OF THE WEEK 30047	ALARM TIME 0121	TIME - "IN SERVICE" 0048
CORRECT ADDRESS: 1967		NO. 1	DIR. M.S.A.	NAME NPPD		TYPE 1	ZIP CODE 02904	SIG. TIME 0048

Rescue Rm

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>R. Paulin</u>				<u>Capt Maxwell</u>
<u>R. Lincoln</u>				<u>D. DiIorio</u>
				<u>F. Ricci</u>
				<u>K. Erickson</u>
				<u>E. Digilio, Jr</u>
				<u>B. Hayes</u>
				<u>J. Lanni</u>
				<u>P. Labbadia</u>
				<u>D. Guerone</u>

INCIDENT 1194

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

This report forwarded to headquarters on June 19, 1984 by R. Lincoln

902F

Fill In This Report In Your Own Words

Shift C Co. No. 902 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001195		06	19	84	Tuesday	3 0132	0152	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		20		Wauwarga Dr.				02904	0134

Rescue Rm

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 June 19, 1984 by K. Franco

rejection
INCIDENT

INCIDENT 80 1196

902F

Shift 1 Co. No. 109 Station No. 1

COMPILED SERVICE

SUCTION HOSE USED

This report forwarded to headquarters on JUNE 19, 1984 by A. Rossi

INCIDENT

80/2000

902F

Shift 2 Co. No. 105 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1202		06	20	84	Tuesday	3 18 14	18 22
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	250		Smithfield			RD.		18 14

Detail Rescue 1

(A) EXTINGUISHERS

(C) SALVAGE COVERS USED

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

(E) LADDER 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]

This report forwarded to headquarters on June 20, 1984 by Rt. Patrick Toomey

INCIDENT

1702

902F

Shift D Co. No. 906 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1203		06	20	84	Tuesday 3	1957	2039
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	3		Mills			AV		2000

Rescue Call

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

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INCIDENT

1203

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	1069		06	20	84	Wednesday	9:01	10:05
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			10 JOSEPHINE			ST		

E5, E3, LAD1, LAD 2, E1(SS) COMPILED SERVICE Reo

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			1-25' 2 1/2"
	SODA ACID		1 1/2 INCH			1-10' SOFT SUCTION
	PUMP TANKS		2 1/2 INCH			LAD
	DRY CHEMICAL		3 INCH			LAD. PIPE, 2 1/2" 2 1/2"
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. 4.5 Min.				3 Axes, 100' 2 1/2" Hose
	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 6/20/, 1984 by cpt. Williams

INCIDENT

1069

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"		☐ Revised Report
02400		1070			06	20	84	WEDNESDAY		1126		1129		
CORRECT ADDRESS:				NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME		
						SMITH & WATERMAN					02911			

BOX 144 E1,E2,E4,UA01 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]

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

This report forwarded to headquarters on

19

by

INCIDENT I

902F

Shift 1 Co. No. 989 Station No. _____

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(D) MASTER STREAM APPLIANCES (E) LADDER USED

(F) OTHER EQUIPMENT

[illegible]

This report forwarded to headquarters on June 20, 1984 by Mo Koss

INCIDENT

121

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

196

by

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	001211		06	20	84	Wednesday	41241	1312
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			2 GreyStone			2U		1243

E/R/

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

801211

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	001213		6	20	84	WEDNESDAY	1329	1337
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			20 McGirt RD				02811	1330

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

1213

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

This report forwarded to headquarters on JUNE, 20,, 1984 by M. Koss,

902F

Shift 1 Co. No. 113 Station No. 1☐ Revised Report**COMPILED SERVICE**

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on JUNE 20, 1984 by MOLES,

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 914 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>901217</u>	Exp. No.	MO. <u>06</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>4:16</u>	TIME - "IN SERVICE" <u>2:00</u>
CORRECT ADDRESS:	NO. <u>2074</u>	DIR. <u>SMITH</u>	NAME <u>ST</u>			TYPE <u>1</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>627</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			
	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
<u>A. ZARLUGA</u>				<u>CPT. D'AMICO</u>
<u>A. ROSSI</u>				<u>A. SCARDARIATO</u>
				<u>S. CATANZARO</u>
				<u>W. ROY</u>

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

This report forwarded to headquarters on 6/20/84, 19 84 by A. Rossi (G.D.)

INCIDENT

1217

SUPPLEMENTARY REPORT

☐ Revised Report
$$\text{Res} = 1$$

AP # 228

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6-20

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b

by Art Lofgren

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 916 Station No. 1

☐ Revised Report

FD ID 02400 INCIDENT NO. 09/220 Exp. No. 06 MO. 20 DAY 8 YEAR 4 DAY OF THE WEEK Wed ALARM TIME 4:19:40 TIME "IN SERVICE" 20:04

CORRECT ADDRESS: NO. 115 DIR. Douglas NAME 1A TYPE 1A ZIP CODE 02911 SIG 1 TIME 1:42

Res #1 App #16 COMPILED SERVICE - Eng 4 -

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. Labbadia</u>				<u>F. Ricci</u>
<u>Capt. Labbadia</u>				<u>D. Scott</u>
				<u>S. Capracotta</u>
				<u>R. Dimartino</u>
				<u>F. Vescera</u>
				<u>E. DiGiulio</u>

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

This report forwarded to headquarters on 6-20, 1984 by Capt. Labbadia

INCIDENT 0012220

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 917 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001124</u>	Exp. No. <u>0.6</u>	MO. <u>2</u>	DAY <u>10</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WEDNESDAY</u>	ALARM TIME <u>21123</u>	TIME - "IN SERVICE" <u>21128</u>
CORRECT ADDRESS: <u>110101</u>		NO. <u>1</u>	DIR. <u>1</u>	NAME <u>BRADY ST. N. PROVIDENCE, R.I.</u>		TYPE <u>1</u>	ZIP CODE <u>02941</u>	SIG 1 TIME <u>21125</u>

COMPILED SERVICE 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 PUMP Hrs. Min.			
	CTC				

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT LABBADIA</u>				<u>P. LABBADIA</u>
<u>F. RICCI</u>				<u>J. CAPRACOTTA</u>
<u>D. SCOTT</u>				<u>F. VESCEA</u>
				<u>R. DIMARTINO</u>

INCIDENT 1074

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

This report forwarded to headquarters on 6-20, 19 84 by R. Di Martino

902F

Fill In This Report In Your Own Words

Shift A Co. No. 918 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	0011026		06	20	84	WEDNESDAY	4 2 2 1 1	2 2 1 4
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			SMITH + STEERE					2 2 1 3

E-1, 2, 4, 41

BOX 1A2A8A4 143

COMPILED SERVICE

CODE BLUE - E1 - 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]INCIDENT 00/076

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

This report forwarded to headquarters on 6-20, 19 84 by Pvt. R. Di Martino

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID 02400	INCIDENT NO. 1077	Exp. No.	MO. 06	DAY 21	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 0055	TIME — "IN SERVICE" 103
CORRECT ADDRESS:	NO. 27	DIR.	NAME MURIEL			TYPE A	ZIP CODE 029	SIG 1 TIME

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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

1077

902F

Shift _____ Co. No. 906 Station No. 71☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1221		06	21	84	Thursday	0055	10.6
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	27		MURIEL			AV	02911	0057

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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____ by _____

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 921 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>901222</u>	Exp. No.	MO. <u>06</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>226</u>	TIME - "IN SERVICE" <u>250</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
<u>1569</u>		<u>1</u>		<u>Douglas Ave North Hill (condos)</u>		<u>1</u>	<u>02109</u>	<u>230</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			
	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>Res-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. DiMartino</u>				<u>Capt. Labbadia</u>
<u>F. Vescera</u>				<u>F. Ricci</u>
				<u>D. Scott</u>
				<u>P. Labbadia</u>
				<u>S. Capracotta</u>
				<u>L. Sanchez</u>

INCIDENT 001222

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

This report forwarded to headquarters on June 21, 1984 by Frank P. Vescera

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 922 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0101223</u>	Exp. No.	MO. <u>06</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>6:17</u>	TIME - "IN SERVICE" <u>6:56</u>
CORRECT ADDRESS: <u>21 BARBARAANNE Drive</u>		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME <u>6:20</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>Res-1</u>				<u>Capt Labbadia</u>
<u>R. Dimartino</u>				<u>F. Ricci</u>
<u>F. Vescera</u>				<u>D. Scott</u>
				<u>P. Labbadia</u>
				<u>S. Capracotta</u>
				<u>L. Sanchez</u>

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

This report forwarded to headquarters on June 21, 19 84 by Frank P. Vescera

INCIDENT 0012225

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	0021226		6	21	84	Thursday	11.33	12.14
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			18 Sweet RD					

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			

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 JUNE 21, 1987 by W. O. Koss

INCIDENT

902F

Shift 2 Co. No. 129 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001082	00	06	21	84	Thursday 5	2013	2025
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2074		Smith			ST	02911	2015

Medical Aid

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on 6-21, 1984 by Lt. Cepaldi.

INCIDENT

1080

902F

Shift

Co. No.

Station No.

☐ Revised Report

Medical Aid

(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 89 by

Lf. Copaldi

INCIDENT

1227

902F

Shift B Co. No. 92C Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	Report
02400	091230	00062284				Friday	60032	0041	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
			95 + Branch						0040

Auto Acc.

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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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

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	1232		6	22	84	Friday	831	9.37
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			55 WOODHAVEN BLVD				02911	

Take Call

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 June 22, 1989 by H. Koss

INCIDENT

239

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 928 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO. 6	DAY 22	YEAR 84	DAY OF THE WEEK Fri Day	ALARM TIME 12:16	TIME - "IN SERVICE" 12:20
CORRECT ADDRESS:		NO.	DIR.	NAME 106 Cottage Ave		TYPE	ZIP CODE 02911	SIG 1 TIME

mad A.D

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>2</u>		
<u>A. Rossi</u>				<u>Cpt. Damico</u>
<u>A. J. Arduya</u>				<u>W. Roy</u>
				<u>E. Scandone</u>
				<u>S. Catanzaro</u>

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

This report forwarded to headquarters on June 22, 19 84 by A. Rossi

INCIDENT

1233

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 929 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001234	Exp. No.	MO. 06	DAY 22	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 61639	TIME - "IN SERVICE" 1204
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
				NO PROV. EMER. ROOM			02911	1642

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>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. Paulin</u>				<u>Capt. MARWELL</u>
<u>F. UESCERA</u>				<u>D. Di Iorio</u>
				<u>E. DiGiulia Jr.</u>

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

This report forwarded to headquarters on June 22, 19 84 by Frank P. Uescera

INCIDENT 001234

902F

Shift

Co. No.

Station No. _____

Revised Report

c/4 Rubbish

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on June 22,, 19 84 by W. D. Davis

INCIDENT 001082

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 931

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001083	Exp. No.	MO. 06	DAY 23	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 70233	TIME - "IN SERVICE" 0235
CORRECT ADDRESS:		NO.	DIR.	NAME FRUIT HILL + METCALF		TYPE	ZIP CODE 02911	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>LT. Cicerone</u>			<u>R. PAULIN</u>
<u>D. Di Iorio</u>	<u>K. ERICKSON</u>			<u>K. LANDRY</u>
<u>D. Cicerone</u>	<u>J. LAURIG</u>			
<u>B. HINES</u>				
<u>F. RICCI</u>				

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

This report forwarded to headquarters on 6-23- 19 84 by CAPT. MARWELL

INCIDENT

1083

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 932 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001086	Exp. No.	MO. 06	DAY 23	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 72046	TIME — "IN SERVICE" 2048	
CORRECT ADDRESS:		NO. 19671	DIR.	NAME Mineral Spring		(Police Dept)	TYPE AV	ZIP CODE 02904	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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Eng	Res			
H. Doyle	M. Rea			Capt. Russo
S. Horan	R. Paulin			R. Ponte
D. Destefano				D. Singleton
P. habbadia				

INCIDENT 001086

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

This report forwarded to headquarters on 6/23, 1984 by H. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 933 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 1240	Exp. No.	MO. 06	DAY 24	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 10545	TIME - "IN SERVICE" 0635
CORRECT ADDRESS:		NO.	DIR.	NAME DICKENSON		TYPE ST	ZIP CODE	SIG 1 TIME 0549

RESCUE RUN

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R-1				
M. REA				
R. PAULIN				
SAME AS CO #			932	

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

This report forwarded to headquarters on June 24, 1984 by M. Rea

RESCUE INCIDENT 1240

902F

Fill In This Report In Your Own Words

Shift A Co. No. 757 Station No. 1☐ Revised Report

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

[illegible]

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

This report forwarded to headquarters on 6-24, 1984 by PUT. R. DiMartino

INCIDENT

1092

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 935 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1093</u>	Exp. No. <u>06</u>	MO. <u>2</u>	DAY <u>8</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Sunday</u>	ALARM TIME <u>11:47</u>	TIME — "IN SERVICE" <u>1:54</u>
CORRECT ADDRESS: <u>Box 7444</u>		NO. <u>1093</u>	DIR. <u>URBAN</u>	NAME <u>URBAN</u>		TYPE <u>AV</u>	ZIP CODE <u>02909</u>	SIG 1 TIME

COMPILED SERVICE ENG 5-4-3, LAD 2+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. <u>LAD 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Phabagiac</u>				<u>Capt Phabagiac</u>
<u>E. Vescera</u>				<u>S. Capenac</u>
				<u>R. D. Martino</u>
				<u>L. Sanchez</u>
				<u>J. McNell</u>

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

This report forwarded to headquarters on 6-24, 19 84 by Capt Phabagiac

INCIDENT 1093

SUPPLEMENTARY REPORT

Shift

Co. No.

Station No.

902F

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1110194	06	214	84	SUNDAY	1	112312	12316
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG	1 TIME	
	14201		FRUIT HILL	ALV				1330

E 1.2.4. 4-7

COMPILED SERVICE

Box ALARM#
6233

CODE YELLOW
F-2

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 6-24, 1984 by PUT. R. DiMartino

INCIDENT

1094

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	001242		06	27	87	SUNDAY	12307	23	50
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1905		MISA				02711	2308	

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

19

by

902F

Shift 1 Co. No. 750 Station No. 1

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on 6/25/, 1984 by gaf N. Mico

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	001248		06	25	84	Monday	2 16 2/2	1 7 2 0
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME		
	35		mark dm					

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 June 26th, 1955 by Joh Jones

INCIDENT 1078

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 940 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001251</u>	Exp. No.	MO. <u>06</u>	DAY <u>05</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>18:48</u>	TIME - "IN SERVICE" <u>19:03</u>
CORRECT ADDRESS: <u>1181 High</u>		NO.	DIR.	NAME		TYPE <u>IST</u>	ZIP CODE	SIG 1 TIME <u>18:53</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>15-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. Gregson</u>	<u>SR</u>			<u>LT. Capaldi</u>
<u>T. Gregson</u>				<u>LT. Bazzler</u>
				<u>T. Cagno</u>
				<u>T. Grande</u>
				<u>K. Mares</u>
				<u>D. DeStefano</u>
				<u>T. Casarino</u>

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

This report forwarded to headquarters on June 25th, 1984 by John Gregson

INCIDENT 001251

902F

Fill In This Report In Your Own Words

Shift C Co. No. 941 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001257		06	26	84	TUESDAY	131913	1946
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	31		Salem DR.				02904	1915

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
------------------------	-------------------

[illegible]

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

This report forwarded to headquarters on June 26, 19 84 by D. Di Porio

INCIDENT 00 / 23 /

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 942 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1259	Exp. No.	MO. 06	DAY 26	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 323.53	TIME - "IN SERVICE" 0030
CORRECT ADDRESS: 36		NO.	DIR.	NAME SUNSET		TYPE AVE	ZIP CODE 02911	SIG 1 TIME 2353

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>CAPT. MARWELL</u>
<u>R. PAULIN</u>				<u>D. DI IORIO</u>
				<u>D. CICERONE</u>
				<u>F. RICCI</u>
				<u>E. DIGIULIO</u>

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

This report forwarded to headquarters on 6-26- 1984 by CAPT. MARWELL

INCIDENT

1259

902F

Shift 1 Co. No. 175 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1108		06	27	84	Wednesday	1049	110.1
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	29		McGuire Rd					10.50

Maple - Gardens

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

19

by

gst. Nimco

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	1262		06	27	84	Wednesday	1049	11 22
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire Rd					050

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

1979 by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 945 Station No. 1 ☐ Revised Report

FD ID 02400 INCIDENT NO. 1268 Exp. No. 062784 DAY Wednesday YEAR 84 ALARM TIME 10:31 TIME - "IN SERVICE" 10:34

CORRECT ADDRESS: NO. 1 DIR. Douglas + Fitzhugh NAME Douglas + Fitzhugh TYPE RESCUE ZIP CODE 01860 SIG 1 TIME 1033

Rescue call **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED		
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<u>R1</u>			<u>Car 5</u>	<u>Deputy Chief</u>	
<u>R. Paulin</u>				<u>Chief Murphy</u>	
<u>P. Roderick</u>				<u>Capt. Russo</u>	
<u>P. Rocheleau</u>				<u>Capt. Labbadia</u>	
				<u>Lt. Doyle</u>	
				<u>S. HOBAN</u>	
				<u>R. Ponte</u>	
				<u>M. Rea</u>	
				<u>P. Labbadia</u>	
				<u>D. DeStefano</u>	
				<u>K. Erickson</u>	
				<u>D. Singleton</u>	

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

This report forwarded to headquarters on 6/27, 1984 by P. Rocheleau

INCIDENT

1268

902F

Shift D Co. No. 946 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001113		06	27	84	wednesday	42207	2211
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Woodhaven - Barbara Ann D				02911	2211

E-1,4 L-1 C/Blue

COMPILED SERVICE

Box 1515

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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 6/27, 1984 by L. Doyle

INCIDENT 001113

902F

Shift P Co. No. 947 Station No. 7

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	Report
02400	1115		0628	54		Thursday	818	8.36	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG	1 TIME
	2		Greystone			DR			

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

ne. 6/28/84, 19 ____ by gpt. Kerner

INCIDENT

902F

Shift P Co. No. 948 Station No. 7

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001272		06	28	84	thursday	0518	0856
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2		Greystone DR					0820

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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		946	
	DELUGE GUN		BANGOR	628	51	7 h. working
	CELLAR PIPE		EXTENSION		600	stone
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P-7 S. CATANZARO				
K. Scandariato				
			C-1	
		A Rossi,		
		Capt J. D'Amico		

This report forwarded to headquarters on 6 28, 1984 by [Signature]

INCIDENT

1272

902F

Shift F Co. No. 791 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 001166	Exp. No.	MO. 06	DAY 28	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 5 08 50	TIME "IN SERVICE" 0 9 05
CORRECT ADDRESS:	NO. 58	DIR.	NAME WATERMAN			TYPE AK	ZIP CODE	SIG 1 TIME 0852

COMPILED SERVICE *YELL E-1*

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 6/28/84, 1984 by CPT Memeo

INCIDENT

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	00,1274		06	28	84	THURSDAY	11 12	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	20	74	SMITH			ST		11 13

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

bv

INCIDENT

1274

SUPPLEMENTARY REPORT

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"		☐ Revised Report
02400		1117			06	28	88	THURSDAY		11 21		11 58		
CORRECT ADDRESS:				NO.	DIR.	NAME			TYPE	ZIP CODE		SIG 1 TIME		
						2074 Emerald Springs & Locust ST								

Photo Acc E-7-R-2 COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 6/28/84, 19 84 by GT Dimew

INCIDENT

902F

Shift 1 Co. No. 953A Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	45,1118		06	28	84	Thursday	1209	12.11
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
	945		CHARLES					

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 201118

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

, 1977 by

by

INCIDENT 1277

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 954

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1278	Exp. No.	MO. 06	DAY 28	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 1456	TIME - "IN SERVICE" 1523
CORRECT ADDRESS: R-1		NO.	DIR. 20	NAME MCGOIRE		TYPE Rd	ZIP CODE	SIG 1 TIME 1452

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1 1/2 INCH			
	PUMP TANKS		2 1/2 INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. SCANDARIATO</u>				<u>CPT. D'Amico</u>
<u>S. CATANZARO</u>				<u>J. LANE</u>
				<u>A. ROSSI</u>
				<u>A. ZARLENGA</u>
				<u>J. SILVO</u>

INCIDENT

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

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

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID 02400

INCIDENT NO.

Exp. No.

MO.

DAY

YEAR

DAY OF THE WEEK

ALARM TIME

TIME — "IN SERVICE"

CORRECT ADDRESS:

NO

DIF

NAME _____

TYPE

ZIP CODE

SIG
1 TIME

COMPILED SERVICE

(C) SALVAGE COVERS USED

(A) EXTINGUISHERS

(B) HOSE USED

Floor or Roof

100

(A) EXTINGUISHERS

(B) HOSE

(C) FIRE ALARMS

No.	Type	No.	Size	Total 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) FIRE EXITS

(E) OTHER EQUIPMENT

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

have examined this report and give my approval to same.

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. 956

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1128	Exp. No.	MO. 06	DAY 28	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 1828	TIME - "IN SERVICE" 1833
CORRECT ADDRESS: 2064		NO.	DIR.	NAME MSA		TYPE AL	ZIP CODE 02916	SIG 1 TIME 1832

Eng 1-4 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 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>Eng 1</u>	TRUCK NO. <u>LAO 1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>S. Capracotta</u>	<u>P. Lazzarini</u>			<u>F. Vesceia</u>
<u>Capracotta</u>	<u>F. Ricci</u>			<u>D. Scott</u>
<u>R. D. Martin</u>				
<u>K. Cullinan</u>				

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

This report forwarded to headquarters on 6-28

1984 by [Signature]

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 953

Station No. 1
☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>1122</u>	Exp. No. <u>0.6</u>	MO. <u>28</u>	DAY <u>8.4</u>	YEAR <u>Thursday</u>	DAY OF THE WEEK <u>2154</u>	ALARM TIME <u>2156</u>	TIME - "IN SERVICE" <u>2155</u>
CORRECT ADDRESS: <u>Eng 1-4-2. 2401</u>		NO. <u>Mineral Spring/Berry</u>	DIR. <u>COOR BLUE</u>	NAME <u>2155</u>	TYPE <u>2155</u>	ZIP CODE <u>2155</u>	SIG 1 TIME	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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
<u>S. Capracotta</u>	<u>P. Labb.dia.</u>			<u>Dep. Chief Digivlio</u>
<u>Capt. Labb.dia</u>	<u>C. Digivlio</u>			<u>District Chief Murphy</u>
<u>R. Dimantino</u>				<u>Capt. Ruggiano</u>
				<u>D. Scott</u>
				<u>F. Vescera</u>

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

This report forwarded to headquarters on 6-28, 1984 by Capt. Labb.dia

INCIDENT

1122

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 958 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
						<u>06 29 84</u> <u>Friday</u>	<u>0826</u>	<u>513</u>
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	SIG 1 TIME
		<u>14</u>		<u>Salem Dr</u>				<u>528</u>

E4, R1

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type		No.	Size	Total Ft.	No.	Floor or Roof
	FOAM			BOOSTER			
	SODA ACID			1½ INCH			
	PUMP TANKS			2½ INCH			
	DRY CHEMICAL			3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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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TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. SCANDARIATO</u>				<u>CPT. D'AMICO</u>
<u>S. CATANZARO</u>				<u>A. ROSSI</u>
				<u>D. CHARELLO</u>
				<u>H. ZARLENGA</u>
				<u>J. SILVA</u>

INCIDENT 1278

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

This report forwarded to headquarters on 6/29/84, 19 84 by CPT. Blum

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on

19

bv

INCIDENT

1284

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 960 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 90.1286	Exp. No. 90	MO. 96	DAY 29	YEAR 84	DAY OF THE WEEK Friday	ALARM TIME 6 1827	TIME - "IN SERVICE" 1903
CORRECT ADDRESS: M.A.		NO. 1830	DIR. M.S.A.	NAME M.S.A.		TYPE 24	ZIP CODE 02904	SIG TIME 1830

COMPILED SERVICE

N.P.E.R.

(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>J. Gregson</u>				<u>Lt. Capaldi</u>
<u>J. Wheeler</u>				<u>Dept. Chief</u>
				<u>J. Grande</u>
				<u>J. Cagno</u>
				<u>J. Casalino</u>
				<u>P. Poulis</u>

INCIDENT

1286

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

This report forwarded to headquarters on 6/29, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill in This Report
In Your Own Words

Shift B Co. No. 961 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001127	Exp. No. 000629	MO. 8	DAY 9	YEAR 1942	DAY OF THE WEEK Friday	ALARM TIME 6 1942	TIME -- "IN SERVICE" 1945
CORRECT ADDRESS: C/R E-1 Box 145		NO. Waterman Ave Opp. #50	DIR. W	NAME AV		TYPE 02911	ZIP CODE 1944	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>Lt. Capaldi</u>	<u>B. Paulin</u>			<u>J. Gregson</u>
<u>J. Grande</u>	<u>J. Cagno</u>			<u>J. Wheeler</u>
<u>J. Casolino</u>				<u>Dept. Chief</u>

INCIDENT 1127

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

This report forwarded to headquarters on 6/29, 19 84 by Lt. Capaldi

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 84 by

Lt. Copeland

INCIDENT

128

902F

Shift 1 Co. No. 400 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001292	0006	30	84	Saturday	7 0210	0215	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	23		ST. John's			Cr.	02941	0213

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 6/30, 1984 by G. Capaldi

INCIDENT 02/29/11

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	001292		06	30	84	Saturday	0311	0311
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MINEBALE RIDE @ Elm St					

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

bv

INCIDENT

1890

902F

Shift C Co. No. 965 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001294		06	30	84	SATURDAY	171027	101517
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	3011		ADMIRAL ST					100311

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			

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

[illegible]

This report forwarded to headquarters on June 30, 19 84 by 2221 Davis

INCIDENT 001294

902F

Shift C Co. No. 966 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1132		6	30	84		1248	1254
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	184		WOONASQUICK ET			174		

E 21, 41 C/B

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF 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 Lt. Gieson, 19 6-30-84

INCIDENT

902F

Shift C Co. No. 967 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1296		6	30	84	Saturday	1542	1612
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	24		Cddy Street			51PROV	02911	54K

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
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[illegible]

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

This report forwarded to headquarters on 6-30-24, 19___ by K. A. Landry

INCIDENT

1296

902F

Shift C Co. No. 968 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1133		6	30	84	Saturday	1547	1552
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	24		Eddy			St	02911	1548

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total 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 6-30, 19 87 by Bob Paul

INCIDENT

001133

902F

Shift C Co. No. 161 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001134		06	30	84	SATURDAY	71841	1848	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		29		MC GUIRE			RD	02904	1841

1134

This report forwarded to headquarters on 6-30- 1984 by CAPT. MARWEI

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 970 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001135	Exp. No.	MO. 06	DAY 30	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 722,23	TIME - "IN SERVICE" 22,26
CORRECT ADDRESS 60		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. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. DiIorio</u>				<u>CHIEF MURPHY</u>
<u>D. Cicerone</u>				<u>CAPT. MARWELL</u>
				<u>LT. CICERONE</u>
				<u>E. DiGiulio</u>
				<u>F. UESCERA</u>
				<u>R. DiMartino</u>
				<u>P. Labbaccia</u>

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

This report forwarded to headquarters on 6-30-84 by CAPT. MARWELL

INCIDENT

001135