NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1681 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	18944		10	25	84	Thursday	5211 47	0030 2312 2 ENG LAD

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	25		Mc Guire	Rd	02904	

SS. E-2, L-2
E-1,4,3 L-1 R-1,2,3 C-2,3,4,5 **COMPILED SERVICE** Code Red

(A) EXTINGUISHERS

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

(B) HOSE USED

No.	Size	Total Ft.
4	BOOSTER	
1	1½ INCH	150 ft.
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. ....3.0.....Min.

(C) SALVAGE COVERS USED

No.	Floor or Roof
	Scotts
1	Halligan tool

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

No.
✓
1

(E) LADDER USED

Type	Total Ft.	No.
AERIAL	60 ft.	2
BANGOR		300 ft
EXTENSION	24 ft	2
WALL		1
ROOF		
FOLDING		

(F) OTHER EQUIPMENT

Type
Smoke ejectors
Cord
Axes
pipe pole

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng.	TRUCK NO. Lad	TRUCK NO. Res	ON SCENE	on scene ~~STATION~~
Capt. Doyle	Lt. Ponte	P. Roderick	Capt. Maxwell	J. Grande
T. Hunt	D. Singleton	D. Destefano	Capt. Capaldi	D. Bazzle
		D. Reed	Lt. Cagno	T. Perna
			Lt. Ricci	S. Horan
			Lt. Cicerone	
			S. Capracotta	
			J. Gregson	
			K. Erickson	
			D. DiIorio	
			J. Murphy	
			H. Darby	
			E. Bazzle	

INCIDENT 1894

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

This report forwarded to headquarters on 10/25, 19 84 by Capt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1688 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2182		10	25	84	Thursday	21:55	22:58

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		Maguire Rd		02911	21:56

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				
P. Rucheleau				

INCIDENT 2182

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

This report forwarded to headquarters on 10/25, 19 84 by R. Rucheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
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Shift D Co. No. 1689 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2187		10	25	84	Thursday	523:07	23:24

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		Maguire Rd		02911	2307

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. Roderick				
P. Rocheleau				

INCIDENT 2187

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

This report forwarded to headquarters on 10/25/84, 19 84 by P. Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
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Shift D Co. No. 1685 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2188		10	25	84	THURSDAY	2353	0026

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					0003 0019

MIRIAM to MAPLE GARD. **COMPILED SERVICE** R-1

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. RODERICK				
P. ROCHEAU				

INCIDENT

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

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