NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 287 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000325		03	01	84	Thursday	1610	1625

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		Mineral Spr	Ave		1611

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. 1	TRUCK NO. 2	TRUCK NO.	ON SCENE	STATION
[illegible]	[illegible]			[illegible]
[illegible]	[illegible]			DECORT
				[illegible]

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 288 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004a1	00	03	01	84	Thursday	1753	1814

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire	Rd	02911	1754

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Gregson				Lt. Capaldi
J. Casalino				Lt. Bazzle
				J. Cagno
				K. Mayers
				D. DeStefano

INCIDENT

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

This report forwarded to headquarters on 3-1, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 259 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2003328		03	02	84	FRIDAY	0425	0907

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

E-2, L-1

COMPILED SERVICE

C-Y E-2, L-1

(A) EXTINGUISHERS

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

(B) HOSE USED

No.	Size	Total Ft.
1	BOOSTER	200
	1½ INCH	
	2½ INCH	
	3 INCH	

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
X	AERIAL	55.
	BANGOR	
	EXTENSION	
	WALL	
	ROOF	
X	FOLDING	10'

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. D'AMICO	Lt. E. DiGirolio			K. SCHIAVARIETTO
D. GIAMMARCO	A. ROSSI			A. ZARLENGA
				J. LAVA
				J. SYLVA

INCIDENT ✓ 328

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

This report forwarded to headquarters on 3-2-, 19 84 by K. Schiavarietto

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 290 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	040403		03	02	84	FRIDAY 6	1306	1356

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			DOUGLAS + WENSCOTT	CN	02904	1308

E-4-R-1

COMPILED SERVICE AUTO ACC.

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Scandariato				Capt D'Amico
" Yarlenga				Lt Di Giulio
				D Giammarco
				" Rossi
				J Silva

INCIDENT 040403

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

This report forwarded to headquarters on 3-2, 19 84 by K Scandariato
Clk. 4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 291 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	820406		03	02	84	Friday 6	17:17	17:20

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1567		Douglas	Ave		17:14

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
E. Di Sandro Jr.				Capt. Marwell
K. Enderson				D. Di Iorio
				P. Labbadia
				J. Farris
				F. Ricci
				D. Di Stefano
				Capt Ruggieri

INCIDENT 406

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

This report forwarded to headquarters on 3-2, 1984 by K Enc

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 292 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000333		03	03	84	FRIDAY 6	0107	0112

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2050		SMITH	ST	02911	0198

Box 1134

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	J. LAURIE			D. CICERONE
J. SACCOCCIA	D. DIORIO			R. LINCOLN
K. ERICKSON	B. HINES			P. LABBADIA
				K. LANDRY

INCIDENT 333

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

This report forwarded to headquarters on 3-3-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 293 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004088		03	03	84	Saturday 7	03:08	03:45

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	21		Greystone Ave.		02911	03:12

Rescue Run

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Cicerone •				Capt. Marwell •
R. Lincoln •				D. DiTorio •
K. Landry •				K. Erickson •
				J. Saccoccia •
				B. Hines •
				P. Labbadia •
				J. Lavoie •
				B. Pavlin •
				F. Ricci •

INCIDENT 004088

rescue

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

This report forwarded to headquarters on March 3, 19 84 by R. Finoli

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 294 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000411		03	03	84	Saturday	0926	1016

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		Josephine	ST		0926

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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
B. Lincoln				Capt Russo
P. Rodrick				S. Horan
				R. Pate
				D. Lemaitre
				Capt Maxwell
				D. DiLuzio
				P. Labbadia
				J. Lauria
				F. Ricci

INCIDENT 111

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

This report forwarded to headquarters on 3-3, 19 84 by Patrick Palombo

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 295 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	414		03	03	84	Saturday	1954	2030

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		MAGUIRE	RD		1455

Rescue Call

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
M. Kain				Capt. Russo
P Kolenda				L. Davis
				S. Hodson
				R. Boyle
				D. Paulo
				J. Horan

INCIDENT 414

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

This report forwarded to headquarters on 3-3, 19 84 by P Kolenda

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 296 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	337		03	03	84	SATURDAY	2150	2155

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			BARBARA A... / WOODHAVEN DR.		02911	2154

BOX 1515

COMPILED SERVICE

CODE: BLDG E-1

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
S. Hobbs	R Powers			M. Rea
Capt. Russo	D Doyle			P. Rodrick
D DeStefano	J Hobbs			
H French	D. Sinclair			

INCIDENT 337

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

This report forwarded to headquarters on 3 March, 19 84 by H. French

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 297 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	3138		03	03	84	SATURDAY	2201	2212

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	164		BICENTENNIAL (ROTOR ROUNDHILL)	WAY	02911	2203

Building H Alarm Sounding

COMPILED SERVICE

CODE: YELLOW E-4

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
S. Harman	R. Powers			M. Rua
Capt. Russo	D. Doyle			P. Roderick
D. DeStefano	J. Harman			
H. French	D. Sinigaglia			

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

This report forwarded to headquarters on 3 March, 19 84 by H French

INCIDENT 3138

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 298 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	339		03	03	84	SATURDAY	2217	2221

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			BARBARA ANN/WOODWARD	DR	02911	2221

BOX 1515

COMPILED SERVICE

CODE BLUE E-1

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
S. HORAN	R. PRATT			M. ROSA
CAPT. ROSSO	D. DOUGLAS			P. KOSLOWICH
D. DeSTEFANO	J. HORAN			
H. FRENCH	D. SINGLETON			

INCIDENT 339

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

This report forwarded to headquarters on 3 MARCH, 19 84 by H. FRENCH

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 299 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	006341		03	04	84	SUNDAY	09 20	09 29

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		MCGUIRE	RD	02911	0941

SPRING VILLA APTS

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S HORAN				LT. DOYLE
J CAENO				D. DOYLE
D. DESTEFANO				R. PONTE
P LABBADIA				M. RICA
				P RODERICK
				D. SINGLETON

INCIDENT 006341

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

This report forwarded to headquarters on MARCH 4, 19 84 by Pat J. Regan

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A* Co. No. 300 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	343		03	04	84	SUNDAY	1605	1608

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	144		FRUIT HILL	AV		

SS E-1 R-2

COMPILED SERVICE E-2 COULDN'T GET OUT

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT LABRADIA				F. RICCI
R. THURBER				S. CAPRACOTTA
J. CONDEIRO				P. LABBADIA
D. DESTEFANO				L. SANCHEZ
				J. McNEILL
				R. DIMARTINO
	CANCELED En Route			

INCIDENT 3/13

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

This report forwarded to headquarters on March 4, 1984 by Frank Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1st Co. No. 301 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00345		03	04	84	SUNDAY	2047	2130

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	242		WATERMAN	AV	02911	2059

E-1, 4, 2 L-1

COMPILED SERVICE

C/B Box 642

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LABBADIA	F. Ricci		E. DiGiulio JR	CHIEF Murphy
R. THURBER	S. CAPPUCCOTTA			L Sanchez
J. CORDEIRO	D SCOTT			K. CULLIVAN
J. McNEILL	R. DiMARTIO			
P LABBADIA	F. VESCERA			

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

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

INCIDENT 00345

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 302 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00346		03	05	84	MONDAY	0030	0033

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH + FRUIT HILL			0032

BOX ALARM F2,1,4,L1 **COMPILED SERVICE** C/B E-2

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LABBE	F. RICCI			L SANCHEZ
R THURBER	S CAPPUCCITTA			K CULLINANE
P LABBE	D SCOTT			
J CORDEIRO	R. DIMARTINO			
	F. VESCERA			

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

This report forwarded to headquarters on 3/5/, 19 84 by F. Ricci

INCIDENT 00346

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 303 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00347		03	05	84	MONDAY	2 0037	0044

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG +TIME
	19		BALSTON	ST	02909	0037

E-1 c/f BRUSH

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT LaBB				F. Ricci
R THURBER				S. CAPRICOTTA
J CORDEIRO				D. SCOTT
P LaBB				R DiNARDINO
				2 SAMUELS
				K COLLINS
				F. LASCOLA

INCIDENT 00347

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 304 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00348		03	05	84	MONDAY	2-90.49	00.51

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			FRUIT HILL + ONLY			00.51

Box Alarm E2, 1, L1 **COMPILED SERVICE** C/B - E-2

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt LABB	F. Ricci			L Sanchez
R Thurber	S Capriccotta			K Cullinan
P LABB	D Scott			
J Cotedio	R DiMartino			
	F Vescera			

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

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

INCIDENT 00348

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 308 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	022422		03	05	84	MONDAY	0423	0447

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire	RD		0426

Res 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. Dimartino				Capt. Labbadia
L. Sanchez				F. Ricci
				D. Scott
				R. Thurber
				P. Labbadia
				J. Caparotta
				K. Cullinan
				T. Tesseira

INCIDENT 022422

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

This report forwarded to headquarters on March 5th, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 306 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	000423		03	05	84	MONDAY	2080 1	0849

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McGUIRE	RD	02904	0802

R-1

COMPILED SERVICE TRANSPORTATION (MIRIAM)

(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
J LANE				CPT D'AMICO
LT P PHILLIPS				LT DiGUILIO
				A. ROSSI
				D. GIAMMARCO
				J. SILVA
				K. SCANDARIATO

INCIDENT 000423

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

This report forwarded to headquarters on 3/5/, 19 84 by Lt. Phillips (JP)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 307 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000349		03	05	84	Monday	1600	1604

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

E-1-R-1

COMPILED SERVICE AUTO - ACC

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT D'AMICO				Lt. DiGiulio
A ROSSI				K. SCANDARIATO
K O'MARA.				

INCIDENT 349

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

This report forwarded to headquarters on 3-5, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 308 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000424		03	05	84	Monday 2	1600	1603

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Smith	ST	02911	1602

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Giammarco				
D. Clark				
		Same as # 306	✓	

INCIDENT 424

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

This report forwarded to headquarters on 3-5, 19 84 by D. Giammarco
E Clark

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 309 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000350	0003	05	84	Monday	2	1738	1749

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	11		Prentice	St.	02911	

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. A-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	J. Gregson			B. Paulin
J. Grande	J. Casolino			K. Mayers
K. Omang				Lt. Battle
D. DeStefano				

INCIDENT 350

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

This report forwarded to headquarters on 3-5, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 310 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0304	00	03	05	84	Monday	1738	1809

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	11		Prentice	St	02911	1738

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	See Report		# 1808	

INCIDENT

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

This report forwarded to headquarters on 3-5, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift B Co. No. 310 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	90426		03	05	84	Monday 2	1834	1850

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	40		Hope	ST		1835

Mutual-Aid S.S.

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. P-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
1) Castellano				J. Carroll
2) Simmons				F. Caroll
3) R. DiMicco				R. Milner
				D. DiStefano
				J. Ricci

INCIDENT 90426

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

This report forwarded to headquarters on March 5th, 19 84 by John Sampson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 312 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000352	0	03	05	84	Monday	1905	1914

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

Smoke Scare C-Y

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi	F. Ricci			J. Gregson
J. Grande	K. Mayers			J. Castolino
K. Omara				
D. DeStefano				

INCIDENT 352

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

This report forwarded to headquarters on 5-5, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 313 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	429		03	06	84	TUESDAY 3	0644	0719

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		CHARLES + VINCENT			0648

ASST. RES 3 + ENG 5

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. CAGNO				J GRANDE
K. OMARA				J CASALINO
				J. WHEELER

INCIDENT 00429

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 314 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000430		03	06	84	TUESDAY	0730	0814

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	22		CENTREDALE ST.		02911	0733

COMPILED SERVICE MED-AID

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. P. PHILLIPS				
J. LANE				
J. CAGNO				

INCIDENT 000430

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 2 Co. No. 315 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900432	1	03	06	84	TUESDAY 3	0921	1026

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1828		MINUTEMAN AVE.	AV	02904	0922

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. LANE				CPT. D'AMICO
LT. PHILLIPS				LT. DiGIULIO
				J. SILVA
				D GIAMMARCO
				A. ROSSI
				K. SCANDARIATO

INCIDENT 000432

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 316 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000433		03	06	84	TUESDAY 3	1517	1554

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITHFIELD	RD		1517

E-4-R-1

COMPILED SERVICE BIG RAYS MARKET

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				CAPT D'AMICO
J LANE				LT. DiGIULIO
				D GIAMMARCO
				A ROSSI
				D CLARK
				K SCANDARATO

INCIDENT 000433

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

This report forwarded to headquarters on 3-6, 19 84 by Lt. Phillips
E2&1

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift C Co. No. 316 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	6003	0	03	06	89	TUESDAY	2143	2154

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	200		High Service	Ave	02911	

E-1, 2, 4, 3 L-1, 2

COMPILED SERVICE

Code Yellow E-1

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
D. DiTerlizzi	F. Ricci			K. Ericksen
Lt Ciccone	T. DiGiulio			D. DiCarlo
	J. LaPorte			Capt. Manuel
	J. McNeil			D. Ciccone

INCIDENT 06003

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

This report forwarded to headquarters on March 6, 19 89 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 318 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	435		03	06	84	TUESDAY 3	2303	0005

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		MC GUIRE	RD.	02904	2310

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWELL
B. HINES				LT. CICERONE
				D. DIURIO
				D. CICERONE
				J. LAURIE
				E. DIGIULIO
				F. RICCI

INCIDENT

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

This report forwarded to headquarters on 3-6-, 19 84 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 319 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900439		03	07	84	WED	1157	1244

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		SMITH	ST	02911	1200

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 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
FF. PHILLIPS				CAPT D'AMICO
J LANE				LT. DIGIULIO
				K. SCHNUDARIATO
				D GIAMMARCO
				A. RUSSI
				J. SILVA

INCIDENT

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

This report forwarded to headquarters on 3-7, 19 84 by Lt Phillips
Eng 9

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 320 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000360		03	07	84	WED	1616	1635

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

E-4-3-1-L1

COMPILED SERVICE YELLOW 4-1

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt D'Amico	Lt. DiGiulio			F. Ricci
A. Rossi	K. Scandiuto			
J. Cagno	R. Ponte			
	D. Singleton			
	Hartley			

✓

INCIDENT 000360

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

This report forwarded to headquarters on 3-7, 19 84 by Capt D'Amico
E 1 A

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 320 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	4466		03	08	84	THURSDAY	0120	0159

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	300		SMITHFIELD	RD		0223

RESCUE RUN

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNEILL				CAPT RUSSO
M. REA				LT. DOYLE
				S. HERAN
				R. PONTE
				P. RODERICK
				D. SINGLETON
				F. RICCI
				J. CAGNO

INCIDENT 4466

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 322 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00 0448		03	08		Thursday	0824	0905

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1328		DOUGLAS	AV	02904	0826

E 4 - R - 1

COMPILED SERVICE PEDESTRIAN STRUCK

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Phillips				Capt D'Amico
J. Lane				Lt DiTullio
				R Scandurato
				D Giammarco
				A. Rossi
				J. Silva

INCIDENT

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

This report forwarded to headquarters on 3-8, 19 84 by Lt. Phillips
Eld Lt

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 323 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	990449		03	08	84	Thursday	1519	1554

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			BY-PASS		02911	1521

ASSIST

COMPILED SERVICE SMITHFIELD RES.

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
J-Lane				FF Di Giulio
				K. Scandariato
				D. Giammarco
				D. Clark
				A. Rossi

INCIDENT

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

This report forwarded to headquarters on 3-8, 19 84 by Lt. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 324 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00.0450		03	08	84	THURSDAY	1746	1819

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		McGUIRE	RD	02911	1748

Res #1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. SANCHEZ				CAPT. LABBADIA
F. VESCERA				F. RICCI
				R. THURBER
				E. DiGIULIO JR
				P. LABBADIA
				D SCOTT
				J CORDIERO
				[redacted]

INCIDENT 00450

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

This report forwarded to headquarters on 3-8, 19 84 by Capt. [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 326 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	366		03	08	84	THURSDAY	1751	1758

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
20		MCGUIRE	RD	02911	1752

ENG ASS RES

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. E1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Labbadia				F. Ricci
R. Thurber				P. Labbadia
D. Scott				E. DiGiulio JR
				J. Cordeiro

INCIDENT 366

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

This report forwarded to headquarters on 3-8, 1984 by Pt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A 11 Co. No. 326 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	003367		03	08	84	THURSDAY	2014	2018

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	4591		WOONASQUATUCKET	AV	02911	2017

COMPILED SERVICE CODE YELLOW E-2

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LAFRADIA	F. RICCI			CHIEF MURPHY
S. CAPRICOTTA	P. LAFRADIA			R. DIMARTINO
D. SCOTT	J. CORDEIRO			L. SANCHEZ
R. THURBER	F. MESCERA			
E. DIGILIO				

INCIDENT 003367

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

This report forwarded to headquarters on 3-8, 19 84 by PVT. D[illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A 4 Co. No. 328 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840452		03	08	84	THURS	2145	2150

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

Res 1 Mut Aid Johnston

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Res 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Labbadia				F. Ricci
L. Sanders				D. Scott
T Vescera				R Thurber
				P. Labbadia
				R Donaldson
				S. Pappacoda
				E Digiulio Jr.

INCIDENT 84-452

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

This report forwarded to headquarters on March 8th, 19 84 by Lt Sanders

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 328 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	G0103169		03	08	84	THURSDAY	2208	2213

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			HIGH SERVICE + MURRAY			2210

BOX 415
CODE BLUE

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. RICCI				CAPT LARRADIA
P. LARRADIA				D. SCOTT
D. CICERONE				R. THURLER
F. VESCERA				L. SANCHEZ
J. LAURIE				R. DIMARTINO
J. CORDIERO				E. DIGIULIO

INCIDENT G0103169

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

This report forwarded to headquarters on 3-8-, 19 84 by PVT. [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 329 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	454		03	08	84	THURS	2313	2315

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

Res 1 + Eng 4

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R DIMARTINO				CAPT. CARBADA
L SANCHEZ				F. RICCI
E VESCERA				D. SCOTT
				R THURBER
				P LABBADIA
				S. CARACCIOLA
				E. DIGIULIO JR
				J LAURIE

INCIDENT 454

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

This report forwarded to headquarters on March 8, 19 84 by Lou Sanchez

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1st Alt Co. No. 330 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	455		03	08	84	Thurs	2322	0006

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
						2326

Res 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	S/A # 328			

INCIDENT 455

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

This report forwarded to headquarters on March 8, 19 84 by Lou Lauck

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 330 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	456		03	09	84	FRI	0006	0025

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1955		Charles	St		0006

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R DIMARTINO				
L - SANCHEZ				
I VISCERA				
		S/A # 328		

INCIDENT 456

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

This report forwarded to headquarters on March 1, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

1356
1356
1422
1449

Fill In This Report
In Your Own Words

Shift P Co. No. 332 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	460		03	09	84	FRIDAY 6	1356	1449

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITHFIELD	RD.	02911	1358

Hopkins Health

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt. D'Amico
Lane				Lt. Guilbo
				Chief Murphy
				K. Scandariato
				D. Giammarco
				A. Rossi

INCIDENT 460

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

This report forwarded to headquarters on 3-9, 1984 by Lt. Phillips

Ell. L

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 332 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	374		03	09	84	FRIDAY	1604	1621

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		Sunset	AV		1607

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Cpt D'Amico				K. Scandariato
D Giammarco				Lt E D'Giulio
A Rossi				
J Cagno				
P Labbadia				

INCIDENT 374

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

This report forwarded to headquarters on 3-9, 1984 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 334 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000462		03	09	84	FRIDAY	1604	1644

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		Sunset	RD		1607

COMPILED SERVICE

MED-191

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. P. Phillips				
J. Lane				
J. Cagno				

INCIDENT 000462

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

This report forwarded to headquarters on 3-9, 19 ___ by ___

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 335 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000375	00	03	09	84		1729	1737

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
79		Julia	Pr.	02911	1734

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
J. Greason	Lt. Capaldi			J. Grande
J. Cashling	J. Cagno			K. Myers
K Cullinan	K. O'Mara			P. Labbadia
	D. DeStefano			R. Ponte
				D. Singleton
				M. Petrillo

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

☐ Revised Report

Fill In This Report
In Your Own Words

Shift 3 Co. No. 336 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	[illegible]		03	09	84	[illegible]	1729	1806

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		Julia	[illegible]		1732

COMPILED SERVICE

(A) EXTINGUISHERS / **(B) HOSE USED** / **(C) SALVAGE COVERS USED**

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

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
[illegible]				

INCIDENT ______

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 337 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	000464	00	03	09	84	Friday	6	2018	2020

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
36 Sunset Ave 16		Sunset	Av	02911	—

Auto Fire

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. A-1	TRUCK NO.	ON SCENE	STATION
J. Cagno,	J. Gregson,			Lt. Capaldi,
J. Grande,	J. Casalino,			K. Collinan,
K. Mayers,	P. Rochelead			Chief Murphy

INCIDENT 464

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

This report forwarded to headquarters on 3-9, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 338 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000376	00	03	09	84	Friday 6	2018	2050

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
19, Sunset	16		Sunset	Av	02911	2021

Auto Fire

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM	2	BOOSTER	100'		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. .....10...Min.				

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	See	Report #	✓	

INCIDENT 376

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

This report forwarded to headquarters on 3-9, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 339 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000377		03	10	84	SATURDAY	1550	1554

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1776		BICENTENNIAL	WAY	02904	1552

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

INCIDENT 377

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

This report forwarded to headquarters on 3-10-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 340 Station No. 1

☐ Revised Report

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

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH ST. & STEERE AVE		0,2,9,1,1	1,7,2,0

E 1, 2, 4 L-1 Box 143

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	LT CICERONE			CHIEF DI GIULIO
D. DI IORIO	D. CICERONE			CAPT MARWELL
J. LAURIE				K. ERICKSON
P. LABBADIA				W. HYNES
R. PAULIN				

INCIDENT 378

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

This report forwarded to headquarters on 3-10, 1984 by Capt Marwell

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 341 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	472		03	10	84	SATURDAY	2325	2341

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	907	PROV.	BRANCH	AVE	02904	2327

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWELL
B. HINES				LT. CICERONE
M. PATULLO				D. DIORIO
				D CICERONE
				J. LAURIE
				P. LABBADIA
				R. RAULIN

INCIDENT

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

This report forwarded to headquarters on 3-10, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 342 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	473		03	11	84	SUNDAY	0021	0037

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE	RD	02904	0023

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWELL
B. HINES				LT. CICERONE
				D. DIGIO
				D. CICERONE
				E. DIGIULIO
				J. LAURIE
				R. PAVIN
				P. LABBADIA

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

This report forwarded to headquarters on 3-11-, 1984 by [signature]

INCIDENT 473

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 343 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000475		03	11	84	Sunday	0754	0838

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		Smithfield	RD		0756

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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Mark Rea "				CAPT RUSSO ✓
Pat Roderick "				LT DOYLE ✓
				S HORAN ✓
				R DONTE ✓
				D. TINGLETON ✓
				J MCNEILL ✓
				CAPT MARWELL ✓
				LT CIFRONE ✓
				D. DESTEFANO ✓
				P. LARBADIA ✓
				R. PAULINI ✓

INCIDENT 0475

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

This report forwarded to headquarters on March 11, 1984 by Pat Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 344 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	426		03	11	84	SUNDAY	1042	1137

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1726		BIRENT. WAY		02911	1049

RESCUE RUN

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P. RODERICK				
M. REA				

RESQ INCIDENT 1176

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

This report forwarded to headquarters on March 11, 19 84 by M. Rea

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 345 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900386		07	12	84	MONDAY	1745	1748

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1		LAKE	DR		1745

E-4-3+1-1 **COMPILED SERVICE** C/Y E-4

(A) EXTINGUISHERS **(B) HOSE USED** **(C) SALVAGE COVERS USED**

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

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. RICCI				CAPT. LABRADIA
P. LABRADIA				R. THURBER
J. CORDIERO				R. DIMARTINO
				F. VESCERA
				E. DIGULIO

INCIDENT 900386

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

This report forwarded to headquarters on 3-19, 19 84 by PVT. Di Martino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 346 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000387		03	13	84	TUESDAY	0926	0937

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
E-1 + R-1	23		WATERMAN	AV.	02911	

COMPILED SERVICE ASSIST Rescue

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
A. Rossi	CAPT. D'AMICO			LT. P. PHILLIPS
J. LANE	K. SCANDARIATO			D. GIAMMARCO
	P. LABBADIA			

INCIDENT 000387

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

This report forwarded to headquarters on March, 13, 1984 by Capt. A. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 347 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000486		03	13	84	TUESDAY	0926	0945

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
R-1	2074		SMITH	ST	02911	0928

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. Rossi			#	
J. LANE			346	
		SAME AS		

INCIDENT 000486

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

This report forwarded to headquarters on March 13, 1984 by J. Lane (RDP)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 348 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000388	03	3	84		TUESDAY (3)	1503	1510

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	900		HIGH SER.	AV	02904	

E1, E4, E3, E2, L401 **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 PUMP				
	CTC	.....Hrs. .....Min.				

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CPT. D'AMICO	LT. PHILLIPS			J. SILVA
K. SCANDARIATO	D. GIAMMARCO			A. ROSSI
				J. LANE

INCIDENT

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

This report forwarded to headquarters on 3/13/, 1984 by Capt. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 349 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000491		03	13	84	TUESDAY 3	1504	1514

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	242		WATERMAN	AV		1507

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
A. Rossi				Capt. J. DiAmico
J. Lane				Lt. P. Phillips
				D. Giammarco
				J. Silva
				K. Scandriotto

INCIDENT 000491

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

This report forwarded to headquarters on 13 March, 1984 by J. Lane Jr.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Sic 1 - 22-855 23 - 24

Shift P Co. No. 350 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0100 996		03	14	84	WEDNESDAY	0835	0927

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

R-1 - PROV

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
F. ROSSI				CPT. D'AMICO
LT. P. HILLIARS				LT. DIGUILIO
				J. SILVA
				J. LANE
				K. SCANDARIATO

INCIDENT 0996

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

This report forwarded to headquarters on 3/14/, 1984 by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 351 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	393		03	14	84	WED	1039	1048

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	555		WOON	AL	02911	

COMPILED SERVICE WATER EM.

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT D'AMICO				LT. PHILLIPS
K. SCHNORRIATO				LT. D. GIULIO
J. LAWE				D. GIAMMARCO
				A. ROSSI

INCIDENT 393

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

This report forwarded to headquarters on 3-14, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 352 Station No. 1

66 92

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000395		03	14	84	WEDNESDAY	1528	1553

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

E-5, 4, 12

COMPILED SERVICE

C/ E5

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. E. D'Gulio				Cpt D'AMICO
D. GIAMMARCO				F. SILVA
D. CLARK				J. LANE
				K. SCIAMARINTO
				P. PHILLIPS

INCIDENT 000395

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

This report forwarded to headquarters on 3-14, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 353 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000397		3	14	84	WEDNESDAY	2043	2045

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

Box 418 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	LT. CICERONE			CHIEF MURPHY
D. DIORIO	E. DiGIULIO			B. HINES
K. ERICKSON	J. LAURIE			R. DECARIO
R. PAULIN				
J. SACCOCCIA				
F. VESCERA				

INCIDENT 397

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

This report forwarded to headquarters on 3-14-, 1984 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 354 Station No. 1 ✓

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000501		03	15	84	THURSDAY	0754	0834

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	45		FERNCREST	BL	02904	0757

SS 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
Lt. Phillips				CAPT D'Amico
A. Rossi				Lt. DiGiulio
				A. Lane
				FF. Scandariato
				D Grammarco

INCIDENT 000501

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

This report forwarded to headquarters on 3-15, 1984 by Lt. Phillips
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 355 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000398		03	15	84	Thursday 5	1720	1734

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	380		Sunset	AV	02904	

E-1,4,3 L-1 Box Alarm 2175 **COMPILED SERVICE** C/Yellow

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt Doyle	J. Cagno			M Rea
R Ponte	P Labbadia			P. Roderick
J. McNeill	D DeStefano			
R Paulin	D. Singleton			

INCIDENT 000398

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

This report forwarded to headquarters on 3/15, 19 84 by Lt Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 356 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	406		03	16	84	Friday	1706	1709

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Fruit Hill + Metcalf			

E-2, 1, L-1 Box 532 **COMPILED SERVICE** C/Y E-2

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
Capt Labbadia	Capt. Marvelli			R. Lincoln
R. Thurber	F. Ricci			S. Bauman
J. Cagno	P. Labbadia			D.D. Staff
D Scott				

INCIDENT 406

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

This report forwarded to headquarters on March 16, 1984 by Capt [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 357 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	507		03	16	84	FRIDAY	2106	2114

CORRECT ADDRESS:	NO.	DIR	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1828		MINERAL SPRING	AV	02911	2102

RES 1 N.P.H.

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. RES 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
B. Lincoln				Capt. Labiadh
K. Cullinan				Apl. Russo
S. Baumann				F. Ricci
				R. Thurber
				D. Goff
				P. Lyons
				S. Capocotta
				L. Sanchez
				K. Lavery

INCIDENT 507

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

This report forwarded to headquarters on 3-16, 19 84 by Capt Labiadh

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 358 Station No. ____ ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	509		03	16	84	FRIDAY 6	2313	3341

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
RI College			FRUIT HILL AVE			2318

Medical Aid. R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO. ____	TRUCK NO. ____	ON SCENE	STATION
RLincoln				RDimantino
KCullinan				PLabbadia
SBAUMAN				DScott
				LSanchez
				RThurnberg
				JLabbadia
				SCapricotta

INCIDENT 509

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

This report forwarded to headquarters on 16-March, 19 84 by Ken Cullinan

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 4 Co. No. 359 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	510		03	16	84	FRIDAY	2357	2358

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

SS/ Med aid - Canceled

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K Cullinan				K Cullinan
R Lincoln				R Labbadia
S Bauman				D Scott
				L Sanchez

INCIDENT 510

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

This report forwarded to headquarters on 16 - March, 19 84 by Ken Kullen

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 360 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	407		03	16	84	FRIDAY	6 23 43	8 01 13

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2062		SMITH	ST	02911	

Engl - CAR FIRE

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. CAPPRACOTTA				D. Scott
CAPT. LABBADIA				P. Labbadia
R. THURBER				R. Dimartino
				L. Sanchez
				K. Cullinan
				S. Bauman

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

This report forwarded to headquarters on 3-16, 19 84 by Capt. Labbadia

INCIDENT 407

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "B" Co. No. 361 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000409	00	03	17	84	Saturday	1306	1326

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	47		Stella	Dr.	02911	1309

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi "	K. Omana "			B. Paulin "
J. Cagno "	J. Casalino "			P. LaBadia "
D. DeStefano				

INCIDENT 409

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

This report forwarded to headquarters on 3-17, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 362 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000515	0003	17	84	Saturday		1306	1338

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		Stella	Dr.	02911	1308

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

See Report # 362

INCIDENT 515

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

This report forwarded to headquarters on 3-17, 1984 by L. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 363 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000410	00	03	18	84	Sunday	0030	0047

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	23		St. John's	Cr	02911	0033

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi "	J. Casalino "			K. Mayers "
J. Cagno "	J. Grande "			B. Paulin "
P. LaBadia "				
D. DeStefano "				

INCIDENT 410

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

This report forwarded to headquarters on 3-18, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 364 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000518	00	03	18	84	Sunday	0030	0123

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	23		St. John's	Cir.	02911	0033

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

See Report # 363

INCIDENT

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

This report forwarded to headquarters on 3-18, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 365 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000520		03	18	84	SUNDAY	0933	1031

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		SMITH	ST	02911	0937

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
CAPT RUGGIERO				D. DIFORIO
CAPT. MARWELL				J. LAURIE
R PAULIN				P. LABBADIA
				D. DESTEFANO

INCIDENT 520

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

This report forwarded to headquarters on 3-18-, 19 84 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 366 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004120		03	18	84	SUNDAY	1523	1534

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		REDFERN	ST	02911	1523

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
K. ERICKSON	CAPT. MARWELL			LT. CICERONE
E. DIGIULIO	D. DIORIO			D. CICERONE
P. LABBADIA	R. PAULIN			
	D. DESTEFANO			

INCIDENT 4/12

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

This report forwarded to headquarters on 3-18-, 19 84 by CAPT. MARWELL

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 367 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	5223		03	18	84	SUNDAY	1528	1555

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	42		REDFERN	ST	02911	1525

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
SAME		M S		
Co	#	366		

✓

INCIDENT 5223

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

This report forwarded to headquarters on 3-18-, 1984 by K Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 368 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004/13		03	18	84	SUNDAY	2054	2055

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MINERAL SPRING + BROWN		02911	2055

Box 129

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	J. LAURIE			LT. CICERONE
D. DIIORIO	D. CICERONE			K. ERICKSON
R. PAULIN				E. DIGIULIO

INCIDENT 4/13

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

This report forwarded to headquarters on 3-18-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 369 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	84-04114		03	18	84	SUNDAY	12:54	2:55

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A. + BROWN		02911	2:55

Box 129 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	LT - CICERONE			K. ERICKSON
D. DIORIO	D. CICERONE			E. DIGIULIO
J. LAURIE				
R. PAULIN				

INCIDENT 84-04114

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

This report forwarded to headquarters on 3-18-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift C Co. No. 370 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	524		03	19	84	MONDAY	2048	0532

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2072		SMITH	ST	02911	0550

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWEIN
E. DIGIULIO				LT. CICERONE
				D. DIDIO
				D. CICERONE
				J. LAURIE
				R. PAULIN

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift C Co. No. 371 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	090415	1	03	19	84	MONDAY	10052	00056

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	36		FERNCLIFF	AVE	02911	00514

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL				LT. CICERONE
D. DIJORIO				D. CICERONE
J. LAURIE				K. ERICKSON
R PAULINO				E. DICIULIO

INCIDENT 1/15

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

This report forwarded to headquarters on 3-19-, 19 84 by CAPT. S. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 371 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	52 7		03	19	84	Monday	2 03 51	04 24

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
356		Woonasquatucket	Ave	02911	03 54

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
E. D'Agostino Jr				
K. Enders				
			Same as report # 370	

INCIDENT

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

This report forwarded to headquarters on 3/15, 1984 by F Enders

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 372 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000529		03	19	84	MONDAY	2 0704	0732

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSA + SMITHFIELD	RD.	02904	0705

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON			E DiGiulio	J. LAURIE
CAPT. MARWELL				D. CICERONE

INCIDENT 529

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

This report forwarded to headquarters on 3-19-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 373 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000531		03	19		MONDAY	1250	1336

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		ELLIOT	ST		1252

E-4-R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT PHILLIPS				HT & D GUILIN
R ROSSI				D GIAMBATTISTA
				K SCHNEIDER
				J SILVA
				C D'AMICO
				J LANIE

INCIDENT 000531

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

This report forwarded to headquarters on 3-19, 19 84 by P. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 324 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000419		03	19	84	Monday	21722	17244

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1001		Smithfield	Rd	02904	

E4,3,1 L1,2 C/Yellow

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Lt. Doyle	R. Paukin			M. Rea
R. Ponte	P. Habbadia			P. Roderick
J. McNeill	D. Singleton			

INCIDENT 000419

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

This report forwarded to headquarters on 3/19, 1984 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

☐ Revised Report

Shift D Co. No. 375 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	000534		03	19	84	Monday	2	1929	2014

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		Tanglewood	LN		1933

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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
M. Ron				Chief Murphy
P. Roderick				Capt Russo
				Lt. Doyle
				R. Ponte
				J. McPhail
				J. [illegible]
				P. [illegible]
				M. Murphy

INCIDENT 00534

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

This report forwarded to headquarters on 3-19, 19 84 by Patrick [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 376 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000421		03	19	84	Monday	2117	2119

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Minerah Spring & Brown	AV	02911	2118

E-1, H, 2 L-1 C/Blue **COMPILED SERVICE** Box Alarm 129

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO. _____	ON SCENE	STATION
Lt. Doyle	J. McNeill			Capt. Russo
R. Ponte	P. Labbadia			S. Horan
R. Bubin	~~J. McNeill~~			P. Roderick
D. Singleton				M. Rea

INCIDENT 000421

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 377 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000423		03	20	84	Tuesday 3	0909	0922

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

A-1 E-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt. D'Amico				F. DeGiulio
D. Giammarco				A Lane
K. Scandarato				G. Silva
				C
		Engine on 378		

INCIDENT 423

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

This report forwarded to headquarters on 3-20, 19 84 by Capt. D'Amico
Eddy

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 378 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000536		03	20	84	TUESDAY 3	0909	0935

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		Mc GUIRE	RD	02911	0910

BUILD C - APT #305

COMPILED SERVICE

APPARENT D.O.A.

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Phillips				
A Rose				

INCIDENT 000536

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

This report forwarded to headquarters on 3 20, 19 84 by Lt Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 379 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000537		03	20	84	TUESDAY	1457	1533

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MORGAN	AV	02911	1459

~~MAR~~ GREYSTONE School CHILD STRUCK BY AUTO

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt. D'Amico
A. Rossi				F.F. Tinkham
				K. Scandurato
				D. Giammarco
				D. Clark

INCIDENT 000537

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

This report forwarded to headquarters on 3-20, 19 84 by Lt. Phillips

Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 380 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	425		03	20	84	Tues 3	1658	1708

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Whalemn @ By Pass	AV		1701

Eng #1

COMPILED SERVICE

Code Yellow @ PASS

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng #1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Cullinan				Thurber
Scott				Capt LaGuardia
				P. LaBarba
				L. Sanchez
				F. Vescera

INCIDENT 425

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

This report forwarded to headquarters on March 20, 19 84 by S Thurber

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 381 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000539		03	20	84	TUESDAY	1816	1824

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
					1819

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. Cullinan				CAPT. LABBADIA
L. Sanchez				F. RICCI
				D. SCOTT
				R. THURBUR
				P. LABBADIA
				R. DIMARTINO
				S. CAPRACOTTA

INCIDENT 000539

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

This report forwarded to headquarters on MARCH 20th, 19 84 by Lou Arnold

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 382 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004128		03	20	84	Tues 3	1941	1744

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			WOONASQUATUCKET / RED FEAN	ST	02904	1943

Eng 1 2 1 1

COMPILED SERVICE

Code Blue Box 142

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. ENS-1	TRUCK NO. Lad-1	TRUCK NO.	ON SCENE	STATION
TURNER	SCOTT			COLLIMAN
CARNACOTTA	PALIN			SANCHEZ
				CAPT LOSS

INCIDENT 004128

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

This report forwarded to headquarters on March 20, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 383 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004321		03	21	84	WED	0942	0951

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1905		MINERAL SP	AV	02911	

R-1 E-1

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT D'AMICO				LT. D. GIULIO
D. GRAMMARCO				J. LANE
				J. SILVA

INCIDENT 4321

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

This report forwarded to headquarters on 3-21, 1984 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 384 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	541		03	21	84	WED 4	9:42	9:55

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		MINERAL SP	AV	02911	

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
M. ROSSI				
K SCANDARIATO				

Gone in 383

INCIDENT 000 541

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

This report forwarded to headquarters on 3-21, 19 84 by A. Rossi
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 385 Station No. 1

2 1009

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	5492		03	21	84	WED 4	10 00	10 04

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		SMITH ST		02911	10 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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
H. ROSSI				CAPT D'AMICO
T SCHNOARIATO				Lt. D. Giulio
				D. GIAMMANCO
				J LANE
				J. SILVA

INCIDENT 5492

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

This report forwarded to headquarters on 3-21, 19 84 by A. Rossi
ED.G

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 386 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900432	00	03	21	84	Wednesday 4	2134	2140

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	33		Ester	Dr.	02911	2138

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. SS. E-1	TRUCK NO.	ON SCENE	STATION
J. Gregson	Lt. Capaldi			Chief Murphy
J. Casalino	J. Grande			M. Magens
	D. DeStefano			Lt. Bazzle
	M. Murphy			B. Paulin
	P. Labbadia			

INCIDENT 4432

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

This report forwarded to headquarters on 3-21, 1984 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 387 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	CC0544	00	03	21	84	Wednesday	2131	2214

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	33		Ester	Dr	02911	2135

Sig) → 21 58

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

See Report # 386

INCIDENT

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

This report forwarded to headquarters on 3-21, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 388 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000	00	03	22	84	Thursday	0134	0411

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	35		Conviction	DR		0352

Medical Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
			SEE Report	
			# 86	

INCIDENT

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

This report forwarded to headquarters on 3/22, 19 84 by J. Cunha

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____ Co. No. 389 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004360		3	22	84	THURSDAY	1102	1106

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	3		MANILLA ST		02911	1105

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E 1	TRUCK NO. L 1	TRUCK NO. _____	ON SCENE	STATION
D DiTORIO	E DiGIULIO			
LT. CICERONE	J LAURIE			
R. PAULIN				

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 390 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000438		03	22	84	THURSDAY 5	1932	1936

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WOODHAVEN + BARBARA ANN		02911	1936

BOX 1515

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	J. LAURIE			B. HINES
D. DIJORIO	LT. CICERONE			R. DECARLO
R. PAULIN				

INCIDENT 438

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

This report forwarded to headquarters on 3-22-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 391 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000439		03	22	84	THURSDAY	5 2020	2117

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

TOWN OF JOHNSTON **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL				LT CICERONE
D. DIFORIO				E. DIGIULIO
R. PAULIN				B. HINES
				J. LAURIA
				J. CALNO
				F. RICCI

INCIDENT 439

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

This report forwarded to headquarters on 3-22-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 392 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000441		03	22	84	THURSDAY 5	2208	2215

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	32		JUSTICE	ST	02911	2211

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	D. CICERONE "			LT. CICERONE "
D. DIIORIO "	B. HINES "			CAPT. RUGGIANO "
F. RICCI "				E. DIGIULIO "
R. PAULIN "				J. LAURIE "

INCIDENT 441

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

This report forwarded to headquarters on 3-22-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 393 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000550		03	22	84	THURSDAY 5	2208	2232

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	32		JUSTICE	ST.	02911	2211

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
	SAME	AS		
	Co. #	392		

INCIDENT 000550

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

This report forwarded to headquarters on 3/22, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 394 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000442		03	23	84	FRIDAY	1505	1515

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
700		Smith	ST	02911	

E-1

COMPILED SERVICE Gas odor

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				Ff Phillips
Ff Scandurato				Ff Ricci
D Clark				J Lane
				D Silva
				Ff Rossi

INCIDENT 442

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

This report forwarded to headquarters on 3-23, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 395 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000552		03	23	84	Friday	1857	1930

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	56		Hartford	ST	02904	1959

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. [redacted]	TRUCK NO.	TRUCK NO. R-1	ON SCENE	STATION
		P. LaRocca		Capt Russo
		M. Patullo		Lt. Doyle
		B. Nicastro		R. Ponte
				D. Singleton
				F. Ricci

INCIDENT 000552

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

This report forwarded to headquarters on March 23, 19 84 by R. Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 396 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000444		03	23	84	Friday	2003	2006

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Jacksonia & Brown	AV	02911	2005

E-1,4 L-1 Box Alarm 1212 **COMPILED SERVICE** C/Blue

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Eng	TRUCK NO. Lad	TRUCK NO. _____	ON SCENE	STATION
Lt. Doyle	Capt. Russo			B Nicastro
R. Ponte	P. Labbadia			M. Patukko
	D. Singleton			
	J Laurie			

INCIDENT 000444

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

This report forwarded to headquarters on 3/23, 19 84 by Lt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 392 Station No. E1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000555		03	24	84	SATURDAY	0215	0251

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	80		Vincent Ave		02909	0219

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-3	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
B. Nicastro				Capt. Russo
P. Lombardi				Lt. Dyke
R. Paolin				R. Ponte
				D. Singleton
				J. Horan
				S. Horan
				D. Destefano
				D. Diorio
				K. Cicerone

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

This report forwarded to headquarters on April 29, 19 84 by B. Nicastro

INCIDENT 000555

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 398 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00448		03	24	84	SATURDAY	1051	1055

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		HOPKINS HEALTH		02904	1053

Box 11 ALARM E-1-4-3 L-1-2 C/4

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT LaBB	F. Ricci			F. FREDERICK
S. CAPRACATTA	P LaBB			L. SANCHEZ
	R. DiMARTINO			

INCIDENT 00448

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

This report forwarded to headquarters on 5/24, 19 — by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1, A" Co. No. 399 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00557		03	24	84	SATURDAY	1625	1707

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		McGUIRE	RD	02911	1626

SPRING VILLA

COMPILED SERVICE RES #1

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Res1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. D. Martin				Capt. Labbadia
F. Vescera				F. Ricci "
P. Roderick				P. Labbadia "
				S. Capracotta "
				R. Paulin "

INCIDENT 00557

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

This report forwarded to headquarters on March 24, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 400 Station No. #1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00.558		03	24	84	SATURDAY	1718	1727

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	300		SMITHFIELD	RD	02911	1721

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
		SAME AS		
		Co. #399		

INCIDENT 00.558

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

This report forwarded to headquarters on March 24, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 402 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000559		03	24	84	SATURDAY	1933	1947

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	200		High SERVICE	AL		1935

E-4 + R-1

COMPILED SERVICE AUTO REC.

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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
CAPT LABBADIA				F. RICCI
F. LABBADIA				R. DIMARTINO
				S CAPRAROTTA
				F. VECCHIA
				B. PAULINO

INCIDENT 000559

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

This report forwarded to headquarters on 3-24, 19 84 by PVT R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 402 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900452		03	24	84	Saturday	2243	2250

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			URBAN	AV	02904	2246

5-4-3-2-2+1 **COMPILED SERVICE** URBAN AVE APT'S C/Y E.S

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
E. DiGiulio				Cpt. F. Lussier
Lt. Ricci				P. Lussier
R. Paulin				R. DiMartino
				S. Capraffa

INCIDENT 900452

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

This report forwarded to headquarters on 3-24, 19 84 by Capt Lussier

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 403 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004553		03	24	84	SATURDAY 7	2256	2257

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

E-1 R-1

COMPILED SERVICE

Canceled By P.D.

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
P. LaBB	Capt. LaBB			F. Ricci
B. Capwell III	F. DiMarchino			E. DiGiulio Jr.
				B. Pinzino

INCIDENT 004553

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

This report forwarded to headquarters on 3/24, 19__ by F. Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 404 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00 360		03	24	84	SATURDAY	2256	2257

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

E-1 & R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

Damage Co #27

INCIDENT 00360

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

This report forwarded to headquarters on 3/24, 19__ by T. Reed

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 405 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000456	0	03	25	84	Sunday	1551	1557

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1883 Smith St	Smith &	Angell	Av	02911	

C/T E-1 Bush

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Capaldi				Lt. Bazzle
K. Mayers				P. Labbadia
J. Cagno				J. Casalino
K. Omara				D. DeStefano
B. Paulin				J. Wheeler
				J. Gregson

INCIDENT 456

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

This report forwarded to headquarters on 3-25, 19 84 by Lt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 406 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900561		03	25	84	SUNDAY	1731	1801

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	60		Sunset	Av	02911	1732

M.A.

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Wheeler				LT. Capaldi
T. Gregson				K. Mayers
				K. Omara
				B. Paulin
				P. Capaldi
				LT. Bazzle
				J. Casalino
				D. DeStefano

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

This report forwarded to headquarters on 3/25, 1984 by Lt. J. Wheeler

INCIDENT 900561

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 407 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004567	00	03	25	84	Sunday	1741	1752

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1797		Smith	St.	02911	

Assisted Pes.-2

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. 5,51 E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Coppoldi				Lt. Bazzle
K. Mayers				D. DeStefano
J. Cagno				J. Casolino
M. Omara				J. Gregson
				J. Wheeler

INCIDENT 457

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

This report forwarded to headquarters on 3-25, 19 84 by Lt. Coppoldi

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 40X Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00563		03	26	84	Monday	0007	0?03

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1961		Mineral Spring	Av		00

Med. Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
[illegible]				T. [illegible]
[illegible]				T. [illegible]
				J. Casino
				K. O'Hara
				K. Meyers
				J. Cashion
				R. [illegible]

INCIDENT

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

This report forwarded to headquarters on March 26th, 19 84 by John [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 409 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	122564		03	26	84	Monday	0148	[illegible]

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1797		Mineral Spring	Av		[illegible]

Mut-Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J Silva				Same
D [illegible]				RS
D [illegible]				#408

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 410 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0964159		03	26	84	Monday 2	1616	1633

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2064		Mineral Spr	Av	02911	

R-1-E-1

COMPILED SERVICE

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D Amico				1st Lt Fulco
J Lane				A. Rossi
J - CAGNO				D DiFORIO

INCIDENT 0964159

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

This report forwarded to headquarters on 3-26-84, 19__ by Capt D Amico
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

1269

Shift P Co. No. 411 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400			03	26	84	Monday	1611	1640

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2064		Mineral St	4	02911	1611

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Clark				
* Scandinalio				

Some on 410

INCIDENT 928

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

This report forwarded to headquarters on 3-26, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 412 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	461		03	27	84	Tuesday 3	0828	0843

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		MINERAL SP	AV	02911	

E-1 — R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Phillips				Lt. D. Giudice
J Lane				J. Silva

INCIDENT 000461

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

This report forwarded to headquarters on 3-27, 19 84 by Lt Phillips
E1 24

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 413 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	520		03	27	84	Tuesday 3	8 28	9 07

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		Mineral	St		8 29

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
T. Rossi				
L. Scandariato				
		Engine 412		

INCIDENT 520

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

This report forwarded to headquarters on March 22, 19 84 by D. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 2 Co. No. 414 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840473		03	28	84	WED	9:56	10:20

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1630		MAIN STR	AV	02911	

E4, E3, E5, LAD-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	1	AERIAL	35'		
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. CATANZARO				CPT. D'AMICO
LT. DIGUILIO				LT PHILLIPS
				A ROSSI
				J LANE

INCIDENT 473

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

This report forwarded to headquarters on 3/28/, 1984 by Lt. Di Giulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 416 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000575		03	28	84	WED	1104	1117

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1920		MINERAL SP	AC	02911	1104

HEALTH SPA

COMPILED SERVICE

REFUSED TRANSPORTATION

(A) EXTINGUISHERS

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

(B) HOSE USED

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

WORKING TIME OF PUMP

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Phillips				Capt. D'Amico
K. Scandariato				Ft. DiSanto
				A. Bossi
				J. Lang

INCIDENT 000575

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

This report forwarded to headquarters on 3-28, 19 84 by J. Phillips
Ck 29

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 416 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000576		03	28	84	WED 4	1221	1318

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		MARLE HEAD	AV	02904	1224

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
Ff Phillips				Capt D'Amico
Ff Scandaliato				Lt Di Guilio
				D. Lane
				A. Rossi

INCIDENT 000576

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

This report forwarded to headquarters on 3-28, 19 84 by Ff. Phillips
Ed. 4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 4 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"
02400	000578		03	28	84	WED	4	1318	1401

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	15		OAKHURST		02911	1333

R-1 BY RADIO

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Phillips				Capt D'Amico
K. Scandariato				Lt. Di Giulio
				A. Rossi
				J. Lane

INCIDENT 000578

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

This report forwarded to headquarters on 3-28, 1984 by Lt. Phillips

E.D.G

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 4/8 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000474		03	28	84	WED 4	1330	1342

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

ASSIST RES-2

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. D'AMICO				LT. DIGULIO
J. LANE				A. ROSSI
				D. CLARK

INCIDENT 474

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

This report forwarded to headquarters on 3-28, 19 84 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift P Co. No. 419 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000580		03	28	84	WED 4	1410	1457

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	31		HURDIS	ST	02904	1411

E-5-R-1 BY RADIO

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
Lt Phillips				Capt. Umino
F. Scandariato				Lt. Lt. Simko
				Ch. Murphy
				A. Rossi
				J. Lane
				Lt. Clark

INCIDENT 000580

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

This report forwarded to headquarters on 3-28, 1984 by Lt. Phillips

E.H.A.

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 420 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	110477		02	28	84	WED 4	1507	1511

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

E 2 - 1 - 4' - C - 1 **COMPILED SERVICE** 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. E 1	TRUCK NO. E 1	TRUCK NO.	ON SCENE	STATION
D'Amico	G. DiGiulio			
Lane	A. Rossi			
Clark				

INCIDENT

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

This report forwarded to headquarters on 3-25, 19 84 by [illegible]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 421 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	480		03	28	84	WEDNESDAY	1858	1906

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	29		McGuire	RD		1859

Maple Gardens A-203 **COMPILED SERVICE** Lockout Engine 2

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. Engine	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. Carcaterra				Ricci
A. Labbadia				Scott
D. Labbadia				Sanchez
				Paulin
				Lincoln
				Boscera

INCIDENT 480

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

This report forwarded to headquarters on 4-28, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 422 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000482		03	28	84	WEDNESDAY	2103	2111

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
OPPOSITE 51		WATERMAN	AV	02911	2106

GRASS FIRE

COMPILED SERVICE

2107

(A) EXTINGUISHERS

No.	Type
	FOAM 2 1/2
	SODA ACID
	PUMP TANKS
	DRY CHEMICAL
	CARBON DIOXIDE
	CTC

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt Labbadia				Chief Murphy
* S. Caparetta				Capt Ruggiano
P. Labbadia				F. Ricci
R. Lincoln				D. Scott
				L. Sanchez
				F. Vieska

INCIDENT 000482

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

This report forwarded to headquarters on 3/28, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 423 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	582		03	29	84	THURSDAY 5	0245	0312

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	70		WAPPEMAN	AD	02911	0247

Rt 1 APT 21 **COMPILED SERVICE** White Hall BLDG's

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
	SAME AS			
	FW #	484		

INCIDENT 582

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

This report forwarded to headquarters on 3-29, 19 84 by [signature]

Eng

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 424 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	840484		03	29	84	THURSDAY	0245	0249

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	170		Waterman Ave Apt 21		02911	0247

E-1 & R-1 **COMPILED SERVICE** White Hall Bldg

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. Res 1	TRUCK NO.	ON SCENE	STATION
S. Capraglia	F. Vescera			F. Ricci
Capt. Lagrasia	L. Sanchez			D. Scott
P. Lagrasia	R. Paulin			R. DiMartino
R. Lincoln				

INCIDENT 4/84

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

This report forwarded to headquarters on 3-29, 19 84 by Capt Lagrasia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 425 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000485		03	29	84	Thursday	1009	1026

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSA & By Pass		02911	

Auto Acc E1-R1 **COMPILED SERVICE**

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

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

HYDRANTS USED AND TIME | SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				F. DiGiulio
J Lane				A. Rossi
				J Silva

INCIDENT 485

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

This report forwarded to headquarters on 3-29, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 426 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	006583		03	29	84	THURSDAY	1009	1058

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSA + BYPASS			1011

AUTO ACC

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
Lt. Phillips				
K. SCANDARIATO				

INCIDENT 006583

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

This report forwarded to headquarters on 3-29, 19 84 by Lt. Phillips
Eddy

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 427 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000584		3	29	84	THURSDAY	1601	1606

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A. + Douglas		02904	1604

AUTO ACCT

COMPILED SERVICE

R-1 + 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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. Clark				Capt D'Amico
K. Scandaglia				Lt. Digiulio
				J. Lamb
				A. Rossi
				J. Cagno

INCIDENT 000584

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

This report forwarded to headquarters on 3-29-, 1984 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 428 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2005585		03	24	84	Thursday	1730	1805

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Woonasquatucket to mid			1734

NPD - Mid.

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
[illegible]				[illegible]
[illegible]				[illegible]
[illegible]				[illegible]
				[illegible]

INCIDENT

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 109 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	900419 10		6	27	84	THURSDAY	1730	1748

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			WAMASQUATUCKET AT	RD	02861	

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. C-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt Cagno			Capt Morrell	R Tonti
J Grande				D Iurlaro
R Paolin				
J Marzi				
D Destefano				
R Lincoln				

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

This report forwarded to headquarters on March 27, 19 84 by D Cagno

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 4130 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004491		03	29	84	THURSDAY	1820	1823

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			ON Linguis	ST	02911	1823

C/4 E-2

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-2	TRUCK NO. C-1	TRUCK NO.	ON SCENE	STATION
Pt J Cyganc	R Tente			
J Iannidi	P Limbruna			
J Laurie	E DiGiulio			
D DeStefano	R Paulin			
	R Lincln			

INCIDENT 004491

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

This report forwarded to headquarters on MARCH 29, 19 84 by J Cyganc

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

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

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000492		03	29	84	THURSDAY 5	1823	1826

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		ON	BALSTON	ST	02911	

E/B Vicinity Run for E-2 Fire

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
Lt. J. Caruso	R [illegible]			B [illegible]
T Granado	P Catalano			T Jacques
T Laurie	C DiGiulio			
D DeStefano	R Dulin			
	R Lincoln			

INCIDENT 000492

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

This report forwarded to headquarters on MARCH 29, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. ~~432~~ 432. Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000495		03	24	84	THURSDAY	1923	1955

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			PEMROSE	ST.		1929

ENG. 2-1 - LADD. 1 **COMPILED SERVICE** CHIMNEY FIRE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	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			1 PIKE POLE
	DELUGE GUN		BANGOR			
	CELLAR PIPE		EXTENSION	35'		ALUMINUM
			WALL			
			ROOF	18'		
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
PVT. J. CALNO	R. POINTE		CAR 22.	J. GELSON
J. GRANDE	P. LAIRBARDIA			CAPT. MANUCK
D. DESTEFANO				CAPT. RUGGIANO
J. LAURIE				J. GALVANI
				B. PAULIN
				B. LINCOLN

INCIDENT 000 495

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

This report forwarded to headquarters on 3-27, 19 84 by Pvt. J. Grande

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

☐ Revised Report

Shift B Co. No. 433 Station No. 1

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000497		03	29	84	Thursday	2034	2045

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
57		Bicentennial Way			2036

Engl - Res 1 Code

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
J. Cagno "	T. Gregson "			Capt Macwe[illegible] "
J. Grande "	J. Casalino "			T. Ponte "
D. DeStefano "				P. Casandro "
J. Laurie "				B. Paulin "
				P. Lincoln "

INCIDENT 000497

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

This report forwarded to headquarters on 3-29-84, 19 ___ by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 434 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000588		03	29	84	THURSDAY	2034	2131

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
52		BICENTENNIAL WAY			2036

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

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

(C) SALVAGE COVERS USED

No.	Floor or Roof

(D) MASTER STREAM APPLIANCES

No.	Type
	LADDER PIPE
	DELUGE GUN
	CELLAR PIPE

(E) LADDER USED

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

(F) OTHER EQUIPMENT

No.	Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Carlano	SEE	Report	1433	
Gregor				

INCIDENT

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

This report forwarded to headquarters on March 29th, 19 84 by John Gregor

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 435 Station No. S-1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	004978		03	30	84	FRIDAY	1401	1402

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		SHERWOOD	AVE	02911	0020

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT MARWELL	J GRELSON"		LT. CAPAD"	J CAGNO"
J. GRANDE"	J. CASALINO"			P. LABBADIA"
M. MURPHY"				J. LAURIE"
D. DESTEFANO"				R. LINCOLN"
R. PAULIN"				

INCIDENT 004978

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

This report forwarded to headquarters on 3-30-, 19 84 by CAPT MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 436 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2025 90	1	03	30	84	FRIDAY 6	0014	0033

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		SHERWOOD	AVE.	02914	0019

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. GREGSON				
J. CASALINO		SAME	AS	
		# 435		

INCIDENT 2025 90

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

This report forwarded to headquarters on October 30th, 19 84 by John Bagan

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "B" Co. No. 437 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00,059,1		03	30	84	Friday 6	05,48	06,34

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	415		Sunset Ave Apt 25B		02904	05,51

Rescue Run

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Casalino				Capt. Marwell
R. Lincoln				J. Cagno
				J. Gregson
				B. Paulin
				M. Murphy
				J. Grande
				P. Labbadia
				J. Wheeler
				J. Lamie

INCIDENT Res. 591

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

This report forwarded to headquarters on March 30, 19 84 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 438 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000500	1	03	30	84	FRIDAY	6 2004	2018

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1835		SMITH	ST	02911	2006

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
K. ERICKSON	CAPT. MARWELL		D. CICERONE	LT. CICERONE
P. LABBADIA	D. DiFORIO			J. CAENO
K. LANDRY	K. O'MARA			
	R. PAULINO			

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

This report forwarded to headquarters on 3-30-84, 19__ by CAPT. MARWELL

INCIDENT 500

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "C" Co. No. 439 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	595		03	30	84	FRIDAY 6	2004	2035

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	186		SMITH	ST	02911	2006

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO. E-1	TRUCK NO.	ON SCENE	STATION
	SAME	AS		✓
	#	439		

INCIDENT 595

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

This report forwarded to headquarters on 3-30, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 440 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	5518		03	31	84	SATURDAY	0055	0128

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	25		McGuire	RD	02894	0057

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
K. ERICKSON				CAPT. MARWELL
E. DiGIUIO				LT CICERONE
				D. DiIORIO
				D. CICERONE
				B. HINES
				K. O'MARA
				P. LABBADIA
				R. PAULIN

INCIDENT 5518

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

This report forwarded to headquarters on 3-31-84, 19 84 by K Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

156

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 441 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	000600		03	31	84	Saturday 7	1011	1037

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1421		Douglas	Av		1915

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. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeill				Capt. Russo
P. Roderick				Lt. Duke
				B. Horton
				D Singleton
				R. PONTE
				P. LABBADIA

INCIDENT 000600

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

This report forwarded to headquarters on 3-31, 19 84 by Pt. Patrick Pelletier