NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1706 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002228		11	01	84	Thursday	1311	1344

CORRECT ADDRESS:	NO	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	11		ADAMS	ST	02904	1315

E-5 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
Ff. Phillips				Capt D'Amico
FF. Rossi				Ff. DeSisto
				Ff. Boyle
				L. Catanzaro
				M. Cardarelli
				J. Silva
				F. Calvi II.

INCIDENT 002228

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

This report forwarded to headquarters on 11-1, 19 84 by Lt. Phillips
Edw

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1 Co. No. 1707 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002229	1	11	01	84	Thursday	1609	1617

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	9		RANDALL	ST	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
D. Rossi				Chief D'Amico
S. Catanzaro				Ff. D. Giulio
J. Cagno				Ff. Candelli
				Ff. Bazyk
				Ff. D. Fori

INCIDENT 002229

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

This report forwarded to headquarters on 11-1, 19 84 by A Rossi
Ellen

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1708 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001922		11	02	84	FRIDAY 6	05 18	05 25

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	18		SO. BROOKSIDE	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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
D. BAZILE	K. ERICKSON			D. CICERONE
D. DIJORIO	K. LANDRY			P. LABBADIA
B. HINES				

INCIDENT 001922

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

This report forwarded to headquarters on November 2, 1984 by Dennis Boyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1709 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002231		11	02	84	FRIDAY	518	549

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
18		So. Brookside			520

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
K. ERICKSON	D. DiDORIO			D. Cicerone
K. LANDRY	B. Hines			P. LABBADIA
	D. BAZZLE			

INCIDENT 002231

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

This report forwarded to headquarters on Nov 2, 1984 by K. G. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1710 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001923		11	02	84	FRIDAY 6	1129	1131

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	66		URBAN	AV	02904	

E-5,4,3 L-1+2 **COMPILED SERVICE** Box 7444

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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
Lt E. DiGiulio				Capt J. D'Amico
D. Bazzle				Lt. L. Calise
J. Silva				W. Cardarelli
				Sa Catanzaro
				A. Rossi

INCIDENT 001923

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

This report forwarded to headquarters on 11/2, 19 84 by Lt E. DiGiulio BC.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1711 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002233		11	02	84	FRIDAY	1221	1247

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		SMITH	ST	02911	1224

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				Ft. D. Giulio
				D. Mazzie
				W. Carnevale
				J. Silva
				J. Caffrey Lt.

INCIDENT 002233

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

This report forwarded to headquarters on 11-2, 1984 by Lt. Phillips
EMA

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1712 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002335		11	02	84	FRIDAY 6	1529	1624

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	242		WATERMAN	AVE	02911	1533

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
A. Rossi				Lt. M. Sirois
				J. Silva
				W. Cardarelli
				J. Calise Lt.

INCIDENT 002335

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

This report forwarded to headquarters on 11-02, 19 84 by Lt. Phillips
Capt.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1713 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1929		11	02	84	FRIDAY	1917	1932

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	125		WENTWORTH	ST	02904	

E 3-5-1 -L-2 **COMPILED SERVICE** C/B

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. ENG-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT PONTE				LT. RICCI
P. LABBADIA				CAPT. RUSSO
J. MCNEILL				S. HORAN
				B. NASTASTRO

INCIDENT 1929

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

This report forwarded to headquarters on 11-2-84, 1984 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1714 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1939		11	02	84	FRIDAY	1941	1950

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	121		FRENDSHIP	RV	02904	

Q – B

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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
LT PONTE				LT. RICCI
PLAGGADIN				CAPT RUSSO
J. MONEIRE				S. HORAN
				J HORAN
				B. NASTASIO
				D. REED

INCIDENT 1930

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

This report forwarded to headquarters on 11-2, 1984 by LT R. Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1715 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1932		10	02	84	FRIDAY	0120	0132

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
BOX		MAPLE GARDENS II		02911	

E-1,4,3, L-1 C/YEI **COMPILED SERVICE** FACTY SMOKE DECTER

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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. LAD-1	TRUCK NO.	ON SCENE	STATION
LT. PONTE	S. HORAN			D. REED
P. LABBADIA	D. DESTEFANO			P. ROUCHELEAU
J. MCNEILL	J. HORAN			

INCIDENT 1932

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

This report forwarded to headquarters on 2-11, 1984 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1716 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	012240	1	11	03	84	SATURDAY 7	11 0156	11 0212

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WORCHESTER TEXTILE		02911	11 0518

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. LABBADIA	F. UESCEIRA			LT. RICCI
M. LABBADIA	R. DI MARTINO			S. CAPRACOTTA
P. LABBADIA				D. DI STEFANO
S. McNEIL				
CAPT. MARWELL				

INCIDENT 12240

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

This report forwarded to headquarters on 11-3, 1984 by PVT R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1717 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001934	1	01	03	84	SATURDAY 7	1056	1106

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WORCHESTER TEXTILE		02911	

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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
		SAME AS		
		1716		

INCIDENT 1934

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

This report forwarded to headquarters on 11-3, 1984 by LUT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1718 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	019 1935		11	03	84	SATURDAY	1122	1128

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MAGUIRE MAPLE GARDENS	RD	02911	

LOCK OUT BLDG D #207

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. RICCI
M. LABBADIA				S. CAPRACOTTA
P. LABBADIA				D. DISTEFANO
J. Mc NEILL				D. SINGLETON
				CAPT. LABBADIA
				F. UESCERA
				R. DIMARTINO

INCIDENT 1935

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

This report forwarded to headquarters on 11-3, 19 84 by PUT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1719 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001936		11	03	84	SATURDAY	1318	1346

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

E-1,2,4 L-1+2 C/V 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. L-1	TRUCK NO. _____	ON SCENE	STATION
CAPT. LABBADIA	LT. RICCI			K. CULLINAN
M. LABBADIA	S. CAPRACOTTA			R. DI MARTINO
P. LABBADIA				F. VESCERA
				L. SANCHEZ

INCIDENT 001936

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

This report forwarded to headquarters on NOVEMBER 3, 1984 by Pat S. Capracotta

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1720 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2241		11	03	84	SATURDAY	1733	1752

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	19		Smithfield	Rd	02911	1735

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
CAPT LABBADIA				LT RICCI
K CULLINAN				M LABBADIA
				P LABBADIA
				R DIMANTRO
				F VESCERA
				S CAPNACOTT

INCIDENT 2241

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

This report forwarded to headquarters on 3-NOV-, 1984 by Ken MCullinan

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1721 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001439		11	04	84	SUNDAY	0203	0224

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MSH + By Pass		02911	0204

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. R-1	TRUCK NO.	ON SCENE	STATION
Capt LaBbadia	L Sanchez			Lt Ricci
JJ LaBbadia	K Cullinane			S Capobianco
P LaBbadia	R DiMartino			
F Voccia				

INCIDENT 001439

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

This report forwarded to headquarters on _____, 19 ___ by Lt Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1722 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	010212		10	04	84	SUNDAY	0210	0310

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			MSA & By-Pass		02904	021014

E-1 L-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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
		AS		
SAME				
	CO #	1421		

INCIDENT 2242

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

This report forwarded to headquarters on 11-4, 19 84 by R. Di Martino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1273 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002245		11	04	84	Sunday	1513	1538

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		N.P. Prov. High School			1513

Med-Bld

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. B-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. Sheehan				Capt. Capalbo
J. Greyson				LT. Cagno
				J. Carnes
				K. Mann
				D. DeStefano
				J. Castano

INCIDENT 002245

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

This report forwarded to headquarters on Nov. 21st, 1984 by John Greyson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1724 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	0,0,1,9,4,2	0,0	1,1	0,4	8,4	SUNDAY	1,5,3,0	1,6,2,4

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2,0,7,4		SMITH	ST	02904	1,5,3,2

BOX # 1137
CENTREDALE MANOR.

TROUBLE -IN- SYSTEM.

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 CAPALDI	J. CASALINO			LT. CAGNO
K. MAYERS	D. DeSTEFANO			J. CARNEGIS
			RESCUE-1	JOHN GREGSON
				JOHN WHEELER

INCIDENT 1942

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

This report forwarded to headquarters on 11/04, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift B Co. No. 1725 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001945	00	11	03	84	Sunday 1	2239	2242

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Smith	&	Steere	Av	02911	2241

C/B E-1 Box 143

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. Capaldi	D. DeStefano			J. Gregson
K. Mayers	J. Wheeler			J. Casolino
				Chief DiGiulio

INCIDENT 1945

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

This report forwarded to headquarters on 11/03, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1726 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002247	00	11	03	84	Sunday		

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

M.A. & E-4 **COMPILED SERVICE** International Apts.

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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. Greeson				Capt. Capaldi
B. Costalino				K. Moyens
				J. Wheeler
				D. DeStefano

INCIDENT 002247

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

This report forwarded to headquarters on 11/03, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1727 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002248	00	11	03	84	Sunday		

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		M.S.A. Sta. 1	Av	02911	

M.A. walk-in

COMPILED SERVICE

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

INCIDENT 002248

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

This report forwarded to headquarters on 11/03, 19 84 by Capt Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 728 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001948		11	03	84	Monday	20:55	10:05

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

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			
	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. Kinder
J. Silva				D. Payne

INCIDENT 001948

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

This report forwarded to headquarters on 11-5, 19 84 by Capt. D'Amico
Ed A

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1729 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002251		11	05	84	Monday 2	09:55	10:38

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Mall + By Pass			09:57

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
Ff. Phillips				
Ff. Cardarelli				
		Same as 1728		

INCIDENT 002251

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

This report forwarded to headquarters on 11-5, 19 84 by Lt. Phillips
Ens.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1730 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001950		11	05	84	MONDAY	1723	1730

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2055		SMITH	ST.	02911	1725

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM	1	BOOSTER	20		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. 5 .....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
D. DiOrio			D. Bazzle	K. Landry
Cpt. Marwell				
B. Hines				

INCIDENT 1950

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

This report forwarded to headquarters on Nov 5, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 731 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001951		11	05	84	MONDAY	2034	2036

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WATERMAN + GREYSTONE		02911	2036

Box 123

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	CAPT CAVANAGH			DEP. CH. DiGIULIO
D. DiIORIO	K. CICERONE			K. ERICKSON
E. BAZZIE	D. GREESON			R. DECARLO
	B. HINES			
	K. LANDRY			

INCIDENT 001951

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

This report forwarded to headquarters on 11-5-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1732 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001952		11	05	84	MONDAY	2048	2049

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A. + LOCUST	ST	02911	2049

Box 131

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	CAPT. CAVANAUGH			K. ERICKSON
D. DiIORIO	K. CICERONE			R. DECARIO
D. GRETSON	K. LANDRY			DEP. CH. DiGIULIO
B. HINES	E. BAZZLE			

INCIDENT 001952

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

This report forwarded to headquarters on 11-5-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1733 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001952		11	05	84	MONDAY 2	2316	2318

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		McARTHUR + GAINER			2316

BOX ALARM # 411 **COMPILED SERVICE** CODE BLUE E-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			
	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	ET. RICCI			D. GREGSON
D. DIORIO	LT. CICERONE			K. LANDRY
D. CICERONE	K. ERICKSON			R. DiMARTINO
	B. HINES			

INCIDENT 1/5/84

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

This report forwarded to headquarters on 11-5, 19 84 by R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1734 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002256		11	06	84	TUESDAY 3	0807	0901

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
49		SHERWOOD	Av	CR911	0810

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. DeSimlio
				D. Magyle
				W. Cardarelli
				J. Silva
				Capt Marvel
				Lt Cagno

INCIDENT 002256

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

This report forwarded to headquarters on 11-6, 19 84 by Lt. Phillips
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1735 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2257		11	06	84	TUESDAY	0950	1008

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2072		SMITH	ST	02911	0952

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. D. Giulio
				E. Cardarelli
				D. Bourgeois
				J. Silva
				L. Carlisi II

INCIDENT 002257

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

This report forwarded to headquarters on 11-6, 19 84 by Lt. Phillips E.M.T.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1736 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002261		11	06	84	Tuesday 3	1401	1416

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	932		Woon	Av	02911	1404

E-2 — 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				Capt D'Amico
W. Cardarelli				Lt Dr Fuller
				H. Bazzinotti
				J. Silva
				L. Calcia FF

INCIDENT 002261

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

This report forwarded to headquarters on 11-6, 19 84 by Lt. Phillips
CHA

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. #737 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001956		11	06	84	TUESDAY	2025	2037

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	100		JACKSONIA	AV	02911	

C/Y 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. ENG 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE				LT. PONTE
LT. RICCI				D DESTEFANO
P. LABBADIA				P RODERICK
				T. HUNT
				D. SINGLETON

INCIDENT 001956

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

This report forwarded to headquarters on 11/6/84, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1738 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001957		11	07	84	WEDNESDAY	0754	0822

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	45		PLAYMOUTH	RD	02904	0756

E-4, 3 & L-1

COMPILED SERVICE Code RED

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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		1	Smoke Ejector
	DELUGE GUN		BANGOR		100'	Cord
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT F. Ricci				Capt Doyle
S Horan				P Rodrick
D Distefano				P Labbadia
D Reed				T Hunt
P Rochelau				J. McNeill

INCIDENT 001957

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

This report forwarded to headquarters on _____, 19 ___ by LT Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1739 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002266		11	07	84	WEDNESDAY 4	09 48	10 30

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1776		BICENTENNIAL	WY		0950

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				CPT. D'AMICO
A. ROSSI				J. SILVA
				W. CARDARELLI
				D. BAZZLE

INCIDENT 002266

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

This report forwarded to headquarters on 11/9, 1984 by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1740 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001958		11	07	84	WEDNESDAY	0951	1005

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1726		BICENTENNIAL	WAY	02904	

SS E-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. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT D'AMICO				D. RAZZE
B. CARDARELLI				J. SILVA

INCIDENT 001958

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

This report forwarded to headquarters on 11/7, 1984 by Dennis Razzi

1554

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1748 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2270		11	07	84	WEDNESDAY	1533	1612

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	399		FRUIT HILL	AV	02911	1536

E2, R1

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				CPT. D'AMICO
A. ROSSI				J. SILVA
				L. CALISE
				W. CARDARELLI
				D. BAZILE

INCIDENT 002270

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

This report forwarded to headquarters on 11/06/84, 19 ___ by Lt. Phillips

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 1742 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2223 SS		11	07	84	WEDNESDAY	1045	2124

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		OAK GROVE & FRUIT HILL		02911	2048

E-2 R-2 SS-R-1 **COMPILED SERVICE** Auto-Acc.

(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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
L. SANCHEZ			CAR 5	CAPT. LABBADIA
K CULLINAN				S. CAPRACOTTA
R. THURBER				M. LABBADIA
				R. D. MARTINO
				P. LABBADIA
				Lt. RICCI
				J. CAGNO
				CAPT. RUSSO

INCIDENT 2223 SS

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

This report forwarded to headquarters on NOVEMBER 7, 1984 by R. Thurber

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1743 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2273		11	08	84	THURSDAY	0141	0209

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		NPPD HDQTS.			0141

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
K CULLINAN				CAPT. LABBADIA
L. SANCHEZ				LT. RICCI
				S. CAPRACOTTA
				P. LABBADIA
				M. LABBADIA
				F. VESCERA
				R. DIMARTINO
				R. THURBUR

INCIDENT 2273

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

This report forwarded to headquarters on NOVEMBER 8th, 1984 by Lou Sanchez

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift A Co. No. 17414 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002274		11	08	84	THURSDAY	0723	0746

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1		CHESTNUT ST. PROV.			0729

COMPILED SERVICE

(A) EXTINGUISHERS

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

(B) HOSE USED

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

(F) OTHER EQUIPMENT

Type

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. LABBADIA				LT. RICCI
L. SANCHEZ				M. LABBADIA
				P. LABBADIA

INCIDENT 002274

examined this report and give my approval to same.

ort forwarded to headquarters on November 8th, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1745 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001964		11	08	84	THURSDAY 5	1416	1421

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1919		MINERAL SPRING	AV	02904	

E1 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 E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt D'Amico				LT. Phillips
W. Cardarelli				LT. DiGiulio
				D. Bazzle
				A. Rossi
				S. Maxwell

INCIDENT 00

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

This report forwarded to headquarters on November 8, 19 84 by Dennis Dezzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1746 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1966		11	08	84	Thursday	1529	1533

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		STANLEY	ST	02911	1531

COMPILED SERVICE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM	—	BOOSTER	10'		
	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. Phillips
M. Candaulli				H. Di Stefano
				G. Boyle
				G. Bucci
				J. Calisi FF

INCIDENT 1966

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

This report forwarded to headquarters on 11-8, 19 84 by Capt D'Amico
Chief

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1747 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002278		11	08	84	Thursday 5	1759	1834

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
603		Smithfield	Rd		1805

TRANSPORTATION

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
J. Wheeler				Capt Caprilo
J. Gregson				Lt Cr[illegible]
				D. Gregson S[illegible]
				D. DiStefano

INCIDENT 2278

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

This report forwarded to headquarters on November 8th, 1984 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1748 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	00196700		11	08	84	Thursday	1857	1902

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	258		Lexington	Av	02904	1911

C/B E-4

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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Cagno				Capt. Capaldi
J. Wheeler				K. Mayers
D. DeStefano				D. Gregson Sr.
				B. Cunetta
				D. DeStefano
				J. Gregson
				J. Wheeler

INCIDENT 00196700

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

This report forwarded to headquarters on 11/08, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1749 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	02	1279		11	08	84 Thursday	2254	2315

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1024		Smith	ST		2253

Medical Rec

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 Gregson SR				Capt Capaldi
J Gregson				Lt. Casino
				T. Wheeler
				K. Mayers
				D. DeStefano
				T. Casalino

INCIDENT 2279

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

This report forwarded to headquarters on November 8th, 1984 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1750 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001968	00	11	09	84	Thursday	0100	0105

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Woodhaven & Barbara Ann	Dr.	02911	

C/B E-1 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. Capaldi	Lt. Cogno			J. Gregson
K. Mayers	J. Wheeler			J. Wheeler
D. DeStefano				

INCIDENT 001968

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

This report forwarded to headquarters on 11/09, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 2 Co. No. 175 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002280		11	09	84	FRIDAY	0839	0856

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MSA			0839

WALK-IN

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM 2		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. 79-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
A. Rossi		1		Lt. DiGiulio
				D. Bazzle
				J. Silva
				E. Carlise

INCIDENT 002280

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

This report forwarded to headquarters on 11-9, 19 84 by Lt. Phillips
EMT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1752 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002282		11	09	84	FRIDAY	0901	0939

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			SMITH ST. AT EATON	ST.		0901

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. 29-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Phillips				Capt D'Amico
A. Bossi				Lt. DiGiulio
				D. Bazzle
				J. Silva
				G. Calise

INCIDENT 002282

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

This report forwarded to headquarters on 11-9, 19 84 by H. Phillips
Eng 4

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1753 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1971		11	09	84	FRIDAY	1526	1528

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

BOX 214 E4, E3, E5 LAD COMPILED SERVICE CODE BLUE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT. DIGIULIO				CPT. D'AMICO
J. SILVA				D. BAZZLE
				A. ROSSI
				LT. PHILLIPS
				LT. CALISE

INCIDENT

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

This report forwarded to headquarters on 11/09/84, 19 ___ by Lt Di Giulio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1754 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002287		11	09	84	FRIDAY	1924	1956

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		NO. PROV. EMERS ROOM			1926

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
R. LINCOLN				CAPT. MARWELL
K. LANDRY				2T- CICERONE
S. BAUMAN				D. CICERONE
R. DEARLO				B. HINES
				D. DIORIO
				D. GRESSON
				J. MCNEIL
				K. ERICKSON
				D. BAZELE
				B. ZARLENSA

INCIDENT 002287

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

This report forwarded to headquarters on Nov. 9, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1755 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2288		11	09	84	FRIDAY	6 23 29	0 0 1 4

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	19		LINCOLN	ST	02911	2333

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. MARWELL
R. LINCOLN				D. DIFORIO
S. BAUMAN				D. BAZZIE
				K. ERICKSON
				D. CICERONE
				D. GREGSON
				B. HINES

INCIDENT 2288

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

This report forwarded to headquarters on 11-9-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1756 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001976		11	09	84	FRIDAY	623 39	23 53

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	19		LINCOLN	ST.	02911	2342

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				D. DiIORIO
D. BAZZLE				D. GREGSON
K. ERICKSON				B. HINES
D. CICERONE				

INCIDENT 1976

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

This report forwarded to headquarters on 11-9-, 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1757 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	021977		11	10	84	SATURDAY	0046	0048

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

Box 146

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	B. HINES			J. McNEILL
D. BATTLE	D. DIORIO			R. LINCOLN
D. CICERONE	K. ERICKSON			S. BAUMAN
D. GREGSON				

INCIDENT 1977

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

This report forwarded to headquarters on 11-10-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1758 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001978		11	10	84	Saturday 7	0818	0821

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Stella + Elmore	AV	02911	

E-1,4 L-1 C/Blue

COMPILED SERVICE Box 128

(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
Capt. Doyle	W. Ponte			P. Roderick
D. DiJorio	D. Bazzle			
D. Singleton	J. McNeill			

INCIDENT 001978

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

This report forwarded to headquarters on 11/10, 19 84 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1759 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2289		11	10	84	Saturday	0842	0925

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1776		Bicentennial	Way		0846

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
J. McNeil				Capt. Doyle
P. Roderick				Lt. Pinto
				D. DiTorio
				D. Razzle
				S. Singleton

INCIDENT

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

This report forwarded to headquarters on Nov. 10, 19 84 by Lt. Pinto/Capt

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D. Co. No. 1760 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001979		11	10	84	SATURDAY	1237	1251

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1910		SMITH		02911	1239

E-1 R-1 AUTO

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. ENG	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE	P RODRICK		Cas 5	LT. R PONTE
P. DIZORIO	D. REED			CAPT. RUSSO
D. DESTEFANO	J MCNIELL			P ROUCHLEAU
D. SINGLETON				H. RICCI

INCIDENT 001979

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

This report forwarded to headquarters on 11/10, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1761 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2290		11	10	84	Saturday	1237	1319

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1910		Smith	St		1239

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			
	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
P. Rockwell	Capt Doyle		CAR 5	Lt. Poole
J. McNeill	D. DiBiasio			Capt. Russo
D. Reed	D. Desjardins			P. Beauchesne
	P. Singleton			Lt. Ricci

INCIDENT

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

This report forwarded to headquarters on Nov. 10, 19 84 by Lt. Patrol Leader

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1762 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2291		11	10	84	Saturday 1	1319	1407

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1776		Bicentennial	Way		1329

Transportation

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
J. McNeill				Capt Doyle
P. Roderick				Lt. Boyle
D. Reed				D. DeLorie
				D. Bozzelle
				S. Laughton
				Capt. Rosa

INCIDENT

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

This report forwarded to headquarters on Oct 10, 19 84 by Lt P. Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1763 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001980		11	10	84	SATURDAY	1401	1424

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		Smith CENTERDALE MANOR	ST	02911	

E-1-R-2

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE				LT. R PONTE
D. DIORIO				LT. Ricci
D. SINGLETON				P. RODERICK
				J. McNEILL
				D. DESTEFANO
				D. REED
				T. HUNT

INCIDENT 001980

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

This report forwarded to headquarters on 11-10-84, 19 84 by LT. R PONTE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1764 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME – "IN SERVICE"
02400	2294		11	10	84	Saturday	1543	1552

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Brown Ave	AV		1549

R-1 + E-5

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
P. Roderick			CAR 5	Capt Doyle
J. McNeill				Lt. Ponte
D. Reed				Lt Ricci
				D. DeStefano
				D. Singleton

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

This report forwarded to headquarters on Oct 10, 19 84 by Lt. P. Roderick

INCIDENT 2294

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1765 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2296		11	10	84	SATURDAY	12032	21.04

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	28		LANGSBERRIES	AV	02911	2035

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
K. Erickson				Capt Doyle
P. Rocheleau				Lt. Ponte
				Lt. Ricci
				D DeStefano
				D. Singleton
				J. McNeill
				J. Horan

INCIDENT 2296

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

This report forwarded to headquarters on 11/16, 19 84 by R Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1766 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001985					SUNDAY 1	804	808

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	24		POND	CT	02904	808

E-4,3,5 + L-1 **COMPILED SERVICE** 6/13

(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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT Ricci				Capt Doyle
S Horan				Capt Labbadia
D Destefano				J McNeil
D. Reed				D Singleton
				S Capotosto
				L. Stanley

INCIDENT 001985

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

This report forwarded to headquarters on _____, 19___ by LT Ricci

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1767 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2300		11	11	84	SUNDAY	1745	1824

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		MCGUIRE	RD	02911	1746

RES #1

COMPILED SERVICE MAPLE GARDENS 1803

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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
P. LABBADIA				CAPT LABBADIA
R. CULLINANE				LT. RICCI
				M. LABBADIA
				R. D. MARTINO
				S. APUZZO

INCIDENT

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

This report forwarded to headquarters on 11-11, 19 84 by Capt LaBbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1768 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2302		11	11	84	SUNDAY	1835	1914

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2074		Smith St. Apt. 207		02911	1837

E1, R-1 M.A.

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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. Labbadia	R. DiMartino			M. Labbadia
Capt. Labbadia	K. Cellman			Lt. F. Ricci
S. Capicotta				

INCIDENT 2302

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

This report forwarded to headquarters on 11-11, 19__ by Lt F. Ricci.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1769 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	1987		11	8	84	Sunday	1835	1851

CORRECT ADDRESS: NO. 2074 DIR. NAME Smith TYPE Apt. ZIP CODE 2071 SIG 1 TIME

E 1 R-1 M.A

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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
	SAME			
	AS			
	1768			

INCIDENT 1987

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

This report forwarded to headquarters on 11-11, 19 84 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1770 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	23,04		11	11	84	Sunday	12,26	2,43

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1759		Mineral Spring	Ave	02911	2,28

Eng 4 - Rescue 1

COMPILED SERVICE

Auto Accident

(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
Capt Labbadia				Lt Ricci
K Cullinan				M Labbadia
R DiMartino				P Labbadia
				S Capnacotta
				F Vescera

INCIDENT 2304

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

This report forwarded to headquarters on 11- November, 1984 by Ken McCullen

ENG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1771 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	"IN SERVICE" TIME
02400	1990		11	11	84	SUNDAY	1225	1237

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	BOX		WATERMAN + ADAMS		02911	

E-1 + R-1 3SR-4 **COMPILED SERVICE** TIP OVER

(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. R-1	TRUCK NO.	ON SCENE	STATION
CAPT LABBADIA	K CULLINAN		CAR-5	LT. RICCI
S CAPPUCCITTA	R DIMARTINO			M LABBADIA
J LABBADIA				
F VESCERA				

INCIDENT 1990

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

This report forwarded to headquarters on 11-11, 19__ by LT. RICCI

RE7

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1772 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2305		11	11	84	SUNDAY	1256	2342

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WATERMAN & ADAMS		02911	1258

E-1 T-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

SAME AS CO # 1MM1

INCIDENT 2305

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

This report forwarded to headquarters on Nov 11-, 1984 by Ken McCulloch

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1773 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2307		11	12	84	MON	0718	0757

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1777		Bicentennial	AV	02911	0722

RES #1 [redacted] BLDG-Q

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
R. DiMARINO				
L. SANCHEZ-				
FUESSERA				

INCIDENT 2307

mined this report and give my approval to same.

rwarded to headquarters on 11-12, 19 84 by Capt Sabbadini

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 17HB Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	1992		11	28	84	MONDAY	727	738

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1777		BICENTENNIAL	WY	02911	729

EW9 #1

COMPILED SERVICE [redacted] BLDG - Q

(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
CAPT. LABBADIA	L. SANCHEZ			LT. RICCI
S. CAPRACOTTA	R. DIMARTINO			M. LABBADIA
F. VESCERA				P. LABBADIA
				S. GREGSON

INCIDENT 1992

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

This report forwarded to headquarters on NOVEMBER 12, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1774 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	023 86		11	12	84	Monday	1024	1041

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		Mineral Spring	Ave		1024

Med-A-2

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
J. Wheeler, JR				Capt. Capalbo
J. Gregson				D. Stelmo

d this report and give my approval to same.

rded to headquarters on Nov 12, 19 84 by John Gregson

INCIDENT 023386

Sec.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1775 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001993	00	11	12	84	Monday 2	1609	1611

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	400		F.H.A.	A	02911	—

C/YE-2 Box 6234

COMPILED SERVICE Food on stove

(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
Capt. Capaldi	Lt. Cagno			D. DeStefano
J. Wheeler	P. Labbadia			J. Gregson

INCIDENT 001993

d this report and give my approval to same.

ded to headquarters on 11/12, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1770 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	82309		11	12	82	Monday	2112	2127

CORRECT ADDRESS: NO. DIR. NAME Smithfield Rd @ Centian TYPE ZIP CODE SIG 1 TIME 2114

Med-Rid

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
J. Wheeler				Capt. Capwell
J. Gregson				Lt. Cagno
				A. Myers
				D. DeStefano
				R. Thurber

INCIDENT 82309

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

This report forwarded to headquarters on Nov 12th, 19 82 by John Gregson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1777 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001995	00	11	13	84	Tuesday	0256	0307

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
19		Brookside	Av	02911	

M.A.

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
Capt. Capaldi	J. Gregson			Lt. Cagno
M. Mayers	J. Wheeler			B. Thurber
J. Casolino				D. DeStefano

INCIDENT 001995

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

This report forwarded to headquarters on 11/13, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1778 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 2310	00	11	13	84	Tuesday	3	0256	325

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE		ZIP CODE	SIG 1 TIME
	10		Brookside	AV		02911	2558

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.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION

See Report # 1777

INCIDENT 00 2310

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

This report forwarded to headquarters on 11/13, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 2 Co. No. 1779 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002312		11	13	84	TUESDAY	1046	1132

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	446		SMITHFIELD	RD	02904	1047

E-4 - R-1

COMPILED SERVICE

MOTORCYCLE ACC

(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				ASST D'N MCO
A. Rossi				Lt. D. Bucci Co
				D. BAZZLE
				M. Cardarelli
				A. ZANLENGA

INCIDENT 002312

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

This report forwarded to headquarters on 11-13, 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. 1780 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2313		11	13	84	TUESDAY	1322	1325

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
350		Main	St	~~02911~~	

PROV

COMPILED SERVICE CANCELLED

(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
				D. Bazzle
				M. Cardarelli
				J. Calise FF

INCIDENT 002313

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

This report forwarded to headquarters on 11-13, 19 84 by Lt. Phillips
Ellis

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1781 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002000		11	13	84	TUESDAY	1601	1604

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Box 161			BICENTENIAL WAY + LOCUST	A.V.		1602

COMPILED SERVICE Code 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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. D'AMICO	LT. E. DIGIULIO			LT. PHILLIPS
D. BAZZLE	W. CARDARELLI			A. ZARLENGA

INCIDENT 002000

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

This report forwarded to headquarters on Nov. 13, 19 84 by Capt. D'Amico PCP

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "D" Co. No. 1782. Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2318		11	14	84	Wensday	1707	1744

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		M.S.A/Lexington	A.V.	02919	1709

Auto Accident

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. K-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeil.				Capt. Doyle.
P. Kodrick.				Lt. Rolfe
				D. Singleton

INCIDENT 2318

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

This report forwarded to headquarters on 11-14, 1984 by J. McNeil.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1783 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2319		11	14	84	Wednesday	4 22 42	23 10

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1967		MAIN	AV	02911	2243

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. R1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNeill				Capt. Doyle
G. Allaire				Lt. Conte
P. Rocheleau				Lt. Cicerone
				P Labbadia
				S. Horan
				D. Singleton
				P. Roderick
				D DeStefano
				T. Hunt
				D. Read

INCIDENT 2319

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

This report forwarded to headquarters on 11/14, 19 84 by P. Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift "A" Co. No. 1784 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002006		11	15	84	THURSDAY	1843	1849

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		MINERAL SPRING	AV	02911	

E-1 R-1 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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
S. CAPRACOTTA	Capt. CABBADIA			Lt. RICCI
M. CABBADIA	F. VESCERA			P. CABBADIA

INCIDENT 002006

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

This report forwarded to headquarters on NOVEMBER 15, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1785 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2323		11	15	84	THURSDAY	1843	1902

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		MINERAL SP.	AVE	02911	1844

R-1 E-1 Auto

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
	SAME			
	AS			
	CO #	1784		
	CO.			

INCIDENT 2323

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

This report forwarded to headquarters on NOVEMBER 15, 19 84 by _____

NORTH PROVIDENCE FIRE DEPARTMENT
SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1786 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002009		11	16	84	FRIDAY 6	1529	1608

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			ST Johns	CR	02911	1531

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	✓	BOOSTER	350'		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	................Hrs. 20 ....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
J. Boyle				Lt Dec / Fenton
A. Jasilunyz				W. Cardarelli
				A. Rossi
				L. Arbic FF.
				Capt Cerpaldi

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

This report forwarded to headquarters on 11-16, 1984 by Capt D'Amico

Chief

INCIDENT 2009

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Sec. /

Fill In This Report
In Your Own Words

Shift B Co. No. 1787 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002010	00	11	16	84	Friday	6 22 22	22 25

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Highservice & Murry	Av	02904	

C/B E-4 Box 415

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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Cogno				Capt. Capoldi
J. Wheeler				D. Gregson Sr.
D. DeStefano				J. Gregson
B. Thurber				J. Casolino
				K. Mayers

INCIDENT 002010

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

This report forwarded to headquarters on 11/16, 1984 by Capt. Capoldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1788 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002322		11	17	84	Sat	0511	0542

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	20		Maguire	RD		0513

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 Gregson				Capt Cardillo
J Cardino				Lt Payne
				R. DeStefano
				B. Haubler
				J Wheeler

INCIDENT

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

This report forwarded to headquarters on 11/17, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1789 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	062013					SATURDAY	1331	1406

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1431		LEXINGTON	AD	02911	1334

CODE RED E43 L1 C23

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	1	AERIAL	35'	✓	1 PIKE POLE 8'	
	DELUGE GUN		BANGOR		✓	1 PIKE POLE 6'	
	CELLAR PIPE		EXTENSION		✓	AXE (PICK HEAD)	
			WALL				
			ROOF				
			FOLDING				

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT CIAGLO				CAP RUGGIANO
D DIORIO				K LAUDATI
				D CICIONE
				D BATTLE
				D GUSTAFSON

INCIDENT 062013

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

This report forwarded to headquarters on Nov 17, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1790 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002330		11	17	84	Saturday		

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1432		Lexington Ave			

Med. Aid Only

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
D. Gregson				Cap. Ruggiano
K. Landry				D. Gazzle
				D. Cicirone

INCIDENT 002330

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

This report forwarded to headquarters on Nov. 17, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1791 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002332		11	17	84	SATURDAY 7	1928	2005

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1655		DOUGLAS	AVE.	02904	1930

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. LANDRY				CAPT. MARWELL
D. GREGSON				D. DiORIO
				D. BAZZIE
				K. CICERONE
				D. CICERONE
				B. HINES
				K. ERICKSON

INCIDENT 002332

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

This report forwarded to headquarters on 11-17-84 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1792 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002333		11	17	84	Saturday	2021	2050

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		Mineral Spring Ave			2021

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
D. Gregson				A. Caswell
K. Landry				R. DiDonis
				D. Boyle
				K. Cicerone
				D. Cicerone
				B. Hines
				K. Erickson

INCIDENT 002333

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

This report forwarded to headquarters on NOV 17, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1793 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002015		11	17	84	SATURDAY	12156	21158

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		CHARLES + ROSE		02904	

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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. DiIORIO				CAPT. MARWELL
K. CICERONE				D. BAZZIE
				K. ERICKSON
				D. CICERONE
				B. HINES
				D GREGSON
				K. LANDRY

INCIDENT 2015

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

This report forwarded to headquarters on 11-17-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1794 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002334		11	17	84	SATURDAY	2158	2225

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING	AVE.	02904	2158

DENNY'S PUB

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. LANDRY				CAPT. MARWELL
D. GREGSON				D. DiIORIO
				D. BATTEY
				D. CICERONE
				B. HINES
				K. ERICKSON
				K. CICERON

INCIDENT 002334

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

This report forwarded to headquarters on 11-17-, 1984 by K. A. Landry

2321 2356

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1795 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	20,16		11	17	84	Saturday	2303	2356

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

E-1, L-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. L-1	TRUCK NO.	ON SCENE	STATION
D. Bazzle	K. Cicerone			K. Landry
D. Cicerone	D. DiLorio			D. Gregson
K. Erickson	B. Hines			
Cpt. Marwell				

INCIDENT 2016

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

This report forwarded to headquarters on Nov. 17, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1796 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002017		11	18	84	SUNDAY 1	0329	0339

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	241		COVE	Ct.	02911	0332

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. MARWELL				D. DiIORIO
D. BAZZLE				B. HINES
D. CICERONE				K. LANDRY
K. ERICKSON				D. GREGSON
				Lt. CICERONE

INCIDENT 002017

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

This report forwarded to headquarters on NOVEMBER 18, 1984 by Capt. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1797 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002018		11	18	84	SUNDAY	0619	0625

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	399		FRUIT HILL	AVE.	02911	

Box 4211

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. MARNELL	D. DiTORIO			D. GRECSON
D. BAZZIE	K. CICERONE			K. LANDRY
D. CICERONE	B. HAMPS			
K. ERICKSON				

INCIDENT 2018

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

This report forwarded to headquarters on 11-18-, 19 84 by CAPT. MARNELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D R-1 Co. No. 1999 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2019		11	18	84	SUNDAY	1102	1113

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

E-1 - R-1

COMPILED SERVICE MED-Aid

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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. R PONTE				CAPT DOYLE
T HUNT				S. HORAN
O DESTEFANO				D. SINGLETON
D. SCOTT				P. ROUCHUAL

INCIDENT 2019

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

This report forwarded to headquarters on 11-18, 19 84 by LT. R. PONTE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1799 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2336		11	18	84	SUNDAY	11:02	11:38

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2		STEVENS	ST	02911	11:05

R-1

COMPILED SERVICE MED-AID

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P RODERICK				CAPT POYLE
D REED				S+LORAN
G AHLAIRE				D. SINGLETON
				LTR PONTE
				P ROUCHVAL

INCIDENT 2336

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

This report forwarded to headquarters on 11-13-84, 19 84 by Lt. Patrick Lorand

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1800 Station No. I

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2021		11	18	84	SUNDAY	1351	1358

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Tom's DELI			

E5-4-L1 C1YE5

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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT: R. PONTE				CAPT DOYLE
S. HORAN				T HUNT
D REED				D DESTEFANO
P. LABBADIA				D SINGLETON
				LT. CHAGNON
				P. ROUCHARD

INCIDENT 1800

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

This report forwarded to headquarters on 11-18, 19 84 by LT R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1801 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002022		11	18	84	Sunday	1508	1620

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	108		Windmill (Prov)	St.	02904	

E-5, 4 L-1 C/Red (Prov.)

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		✓	3 AXE
	DELUGE GUN		BANGOR		✓	1 12' PIKE POLE
	CELLAR PIPE		EXTENSION		1	16' EXTENSION
			WALL		✓	2 6' PIKE POLE
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. had	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Lt. Ponte				Capt. Doyle
S. Horan				T. Hunt
Lt. Cagno				P. Roderick
P. Habbadia				D. Singleton
D. DeStefano				G. Alharie
D. Reed				
P. Rocheleau				

INCIDENT 002022

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

This report forwarded to headquarters on 11/18, 1984 by Lt. Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1802 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2339		11	19	84	Monday	2 0 3 5 7	0 4 4 3

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		McLaura	RD		0 3 5 9

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
D-Allaire				Capt. Doyle
P. Rodgers				Lt. Pinto
				S. Horan
				P. Labbadia
				P. Restefano
				D. Reed
				P. Rocheleau
				T. Hunt
				D Singleton
				D. Scott

INCIDENT 2339

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

This report forwarded to headquarters on Nov 19, 19 84 by Lt. Patrick Rodgers

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1803 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002343		11	19	84	MONDAY	2135	1492

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	220		WOONASQUATUCKET	AV	02911	1353

E2, R1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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
W. CARDARELLI				CPT. D'AMICO
A. ROSSI				LT. PHILLIPS
				LT. CALISE
				D. BAZZLE
				S. CATANZARO

INCIDENT 2343

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1804 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002026	00	11	19	84	MONDAY 2	1500	1509

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	49		BICENTENNIAC	WY	02911	

LOCK-OUT

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. O. Phillips
E. Catazaro				J. Lalisi
				J. Silva
				M. Landwith
				D. Baggle
				A. Dion

INCIDENT 002026

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

This report forwarded to headquarters on Nov 19, 1984 by Capt D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 805 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002027		11	19	84	MONDAY	1547	1622

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

E-2 1-1

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. L-1	TRUCK NO.	ON SCENE	STATION
LT. PHILLIPS	J. SILVA			LT. CALISE
S. CARANZARO	D. BAZZLE			W. CARDARELLI
S. MARWELL				A. ROSSI

INCIDENT 002027

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

This report forwarded to headquarters on NOV. 19, 19 84 by A. ROSSI
LT. P. PHILLIPS

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A" Co. No. 1806 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002344		11	19	84	MONDAY	1809	1835

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	12		McGUIRE	RD	02911	1819

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
R. DiMartino				Captain LABBADIA
R. HOWE				M. LABBADIA
				S. CAPRACOTTA.
				P. LABBADIA
				F. VESCERA
				L. SANCHEZ.
				K. CULLINAN
				↑ SCHOOL

INCIDENT 2344

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

This report forwarded to headquarters on 11-19, 19 84 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1807 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002346		11	19	84	MONDAY	2207	2324

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
200		SMITHFIELD	RD	02917	2209

RES 1 + Engl

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. Res 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R. DiMartino				Capt Lasorsa
R. Howe				FF Labbadia
				P. Labbadia
				S. Cappracotta
				F. Vescera
			Dep Chief DiGulio	
				Cardiac
				School
				L. Sanchez
				K. Cullinan.

INCIDENT 2346

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

This report forwarded to headquarters on 11 - 19, 19 84 by Capt Salvadore

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No 1808 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2348		11	20	84	Tuesday	0235	0246

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Greyston & Waterman	AV		0238

R1 + E1

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. E1	TRUCK NO.	ON SCENE	STATION
* K CULLINAN	CAPT. LABBADIA			S CAPRACOTTA
L SANCHEZ	F VESCERA			R DIMARTINO
	R HOWE			M LABBADIA
	* P LABBADIA			

INCIDENT 2348

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

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

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1809 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2031		11	20	84	Tuesday	0235	0246

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

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. E1	TRUCK NO. R1	TRUCK NO.	ON SCENE	STATION
	SA 1804			

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

This report forwarded to headquarters on November 20th, 1984 by [signature]

INCIDENT 2031

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. ~~1809~~ 1810 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2032		11	20	84	TUESDAY	4 10	4 32

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

Eng 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. Eng 1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt LABBADIA				M. LABBADIA,
P. LABBADIA -				S. CAPRACOTTA,
F. VESCERA,				R. DiMARTINO,
R. HOWE				L. SANCHEZ -
				K. CULLINAN

INCIDENT

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

This report forwarded to headquarters on 11-20, 1984 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1811 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	492349		11	20	84	TUESDAY 3	8:59	9:37

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2012		SMITH	ST	02911	9:01

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
W. CARDARELLI				CPT. D'AMICO
A. ROSSI				LT. PHILLIPS
				S. CATANZARO
				D. BAZZLE

INCIDENT 23349

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

This report forwarded to headquarters on 11/20/, 1984 by A. Rossi 2nd

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1812 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	002352		11	20	54	TUESDAY	1232	1311

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			415 SUNSET TERRACE		02911	12:35

COMPILED SERVICE

TRAINS

(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
A. ROSSI				CAPT D'AMICO
W. CARDARELLI				S. SILVA
				LT. CALISE
				L. PHILLIPS
				S. CABANZARO
				D. BAZZETTE

INCIDENT 2352

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

This report forwarded to headquarters on _____, 19____ by A. ROSSI

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1812 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	062353		11	22	84	WEDNESDAY	12 05	12 10

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Harris + Acorn ST		02911	

COMPILED SERVICE PROV - Cancelled

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
A. Rossi				CAPT DAMICO
W. CATOZZELLA				LT. CALISE
				S. SILVA
				D. BAZ 3/C
				S. CATANZARO

INCIDENT

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

This report forwarded to headquarters on 11-22, 19 84 by A. Rossi

EMG

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1813 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002040		11	21	84	WEDNESDAY 4	1903	1919

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
14		POLLY	DR	02911	

E-1 + 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. E-1	TRUCK NO. R-1	TRUCK NO.	ON SCENE	STATION
CAPT. MARWELL	R. DECARLO			CAPT. RUGGIANO
D. DIIORIO	D. GREGSON			LT. CICERONE
J. MC NEIL				D. BAZZLE
D. CICERONE				B. HIVES
				J. MURPHY

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

This report forwarded to headquarters on November 21, 1984 by D. BAZZLE

INCIDENT 002040

RES

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1814 Station No. ONE

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	23512		01	21	84	WEDNESDAY	1903	1953

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
14		POLK	DR	02911	1907

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
	SAME AS			
	#1813			

INCIDENT 00 2351

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

This report forwarded to headquarters on November 21, 1984 by D. Bazzle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1815 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002359		11	21	84	WEDNESDAY	2300	2337

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	309		SMITHFIELD	RD.	02904	2302

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
K. LANDRY				ART. MARWELL
K. ERICKSON				K. CICERONE
				D. DiIORIO
				D. CICERONE
				D. BAZZIE
				B. HINES
				D. GREGSON
				J. McNEILL
				R. D. MARTINO

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

This report forwarded to headquarters on NOV. 21, 1984 by K. A. Landry

INCIDENT 002359

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1816 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2043		11	22	84	THURSDAY	4:59	5:16

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		M.S.A.		02911	

ASSIST ~~Rescue~~ Rescue **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
K. CICERONE	J. M'NEIL			D. BAZZLE
D. DIFORIO	K. LANDRY			K. ERICKSON
D. CICERONE				D. GREGSON
B. HINES				

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. 1817 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002361		11	22	84	THURS.	459	536

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1905		M. S. A.		02911	500

Rescue

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

SAME AS 2043

INCIDENT 002361

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

This report forwarded to headquarters on Nov. 22, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1818 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	20,944		11	22	84	THURSDAY	534	541

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1905		M. S. A.		02911	

C/YE1 E 1, 3, 4, L 1 2 **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
K. CICERONE	D. BAZZIE			K LANDRY
D. DIFORIO	K. ERICKSON			J. McNEIL
D. CICERONE	D. GREYSON			

INCIDENT 002044

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

This report forwarded to headquarters on Nov 22, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1819 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002045		11	22	84	Thursday 5	1117	1136

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1101		Cottage	AV	02911	

E-1,2 L-1 C/Yellow

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	TRUCK NO. Lad	TRUCK NO.	ON SCENE	STATION
Capt. Doyle	D. Singleton			P. Roderick
I. Hunt	Lt. Ponte			J. McNeill
D. Cicerone	P. Rocheleau			

INCIDENT 002045

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

This report forwarded to headquarters on 11/22, 19 84 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1820 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 2362		11	22	84	Thursday	5:15:15	7:55:3

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	83		ANGELL J	AV	02911	7:52:3

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. McNeill			Dep. D. Giulio	Capt Doyle
P. Rocheleau			Capt. Ruggiano	Lt. Ponte
			F. Ciccolone	D. Singleton
			E. Di Giulio, Jr	T. Hunt
				D. DeStefano

INCIDENT 00 2362

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

This report forwarded to headquarters on 11/22, 19 84 by P. Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1821 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2048		11	22	84	THURSDAY	1713	1720

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

E-1 SMOKE INVESTIGATION

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. ENG	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. DOYLE				LT. R. PONTE
T HUNT				P. RODERICK
K CICCERONE				P. ROCHELEAU
D. CICCERONE				
D. DESTEFANO				

INCIDENT 2045

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

This report forwarded to headquarters on 11-22, 1984 by LT. PONTE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1822 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002049		11	22	84	THURSDAY	1730	1733

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	BOX 1471		SMITH - GEORGE	ST	02911	

ENG - 1-2-4 - L1

COMPILED SERVICE C/B BOX 1471

(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. LADD	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE	LT. R PONTE			PRODERICK
T HUNT	D CICCERONE			PROCHELEAU
D. DESTEFANO	K CICCERONE			

INCIDENT 002049

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

This report forwarded to headquarters on 11-22, 19 84 by LT. R PONTE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1823 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002051		11	22	84	THURSDAY	1849	1905

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	591		WOONSA QUATTOCKET	AV	02911	

E-1-R1 AUTO

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. RES	TRUCK NO.	ON SCENE	STATION
CAPTRUE	PRODERICK			LT. R. POOLE
THUOT	PROVENCHAL			
DDESTEFANO				
K CICCERONE				
D CICCERONE				

INCIDENT 00 2051

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

This report forwarded to headquarters on 11-22-84, 19 84 by LT. R POOLE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1924 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002048		11	22	84	THURSDAY	1849	1852

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
517		WOONSHOQUATUCKET	AV	02911	

E-1 - 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. RES	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
PRODERICK			CAPT DOYLE	
PRochester			LT. RPONTE	
			T HUNT	
			DDESTEFANO	
			K CICCERONE	
			D CICCERONE	

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

This report forwarded to headquarters on 11-22-, 1984 by LT R PONTE

INCIDENT 002048

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1825 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	2056		11	23	84	FRIDAY 6	1911	1915

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Woodhaven + Barbara Ann			1915

Box Alarm C/B E-1 **COMPILED SERVICE** E-1, 4 + L1

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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	P LaBBaDia			L Sanchez
M LaBBaDia	F Vascina			K Cullinane
	S Cappiacotta			R Dimartino

INCIDENT 2056

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

This report forwarded to headquarters on 11-23, 1984 by Capt Lafbadie

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1826 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2057		11	23	84	FRIDAY	2006	2110

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Woodhaven Barbara Ann		02911	2009

Box Alarm C/B E-1 **COMPILED SERVICE** E-1, L-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 LABBADIA	FVESCIA			L STARCHER
ML ABBADIA	SCAPRACOTTA			K CULLINAN
	RD MARTINO			CAPT RUSSO
				DEP CHIEF DIGULIO
				CAPT RUGGIANO

INCIDENT

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

This report forwarded to headquarters on 12-3-, 1984 by Ken J Cullen

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1827 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2058		11	23	84	FRIDAY	2139	2143

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		WOODHAVEN + BARBARA ANN		02911	2143

BOX ALARM C/B E-1 **COMPILED SERVICE** E-1-4 L-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			
	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 L. CABBADIA	FVESCera			KCullinane
M Labbadia A.	SCAPpicotta			GSanchez
				Dep Chief DiGuglielmo
				CAPT Ruggiano

INCIDENT 2058

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

This report forwarded to headquarters on Nov. 23, 19 84 by Ken MCullen

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1828 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002367		11	24	84	SATURDAY	0215	0225

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		No. PROVIDENCE R.D. HOUSE			0215

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
K CULLINAN				CAPT. LABBADIA
L. SANCHEZ				~~LT. RACC~~
				S. CAPRACOTTA
				P. LABBADIA
				F VESCERA
				R DIMARTINO
				M. LABBADIA

INCIDENT 2367

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

This report forwarded to headquarters on November 24, 1984 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1829 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	2060		11	24	84	SATURDAY	0328	0343

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Box 139 SMITH & FENWAY		02911	0330

AUTO ACCIDENT

E-1, 2, 4 L-1 SS-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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
CAPT. LABBADIA	S. CAPRACOTTA			K. CULLINANE
M. LABBADIA	F. VESCERA			L. SANCHEZ
P. LABBADIA	R. DI MARTINO			

INCIDENT 2060

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

This report forwarded to headquarters on NOVEMBER 24, 1984 by Capt Labbadia

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1830 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002370		11	24	84	SATURDAY	0331	0411

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			Box 139 SMITH & FENWAY		02911	0332

SS R-1

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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. L-1	ON SCENE	STATION
		SAME AS Co #	1829	

INCIDENT 002370

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

This report forwarded to headquarters on November 24th, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1831 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002061	00	11	24	84	Saturday 7	1009	1911

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		Waterman app. #50	Av	02911	1011

C/B E-1 Box 145

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. C-1	TRUCK NO.	ON SCENE	STATION
Capt. Capaldi	D. Scott			Chief DiGiulio
P. Labbadia	K. O'mara			J. Gregson
D. DeStefano				J. Cannegis
				L. Sanchez

INCIDENT 002061

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

This report forwarded to headquarters on 11/24, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1832 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002064	00	11	24	84	Saturday	1425	1516

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
Sta. 5		M.S.A	Av	02904	—

Relocation

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. Capaldi				Chief DiGiulio
P. Labbadia				Capt. Russo
D. DeStefano				J. Gregson
K. Mayers				D. Gregson Sr.
				D. Scott
				J. Carnegis
				E. DiGiulio

INCIDENT 002064

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

This report forwarded to headquarters on 11/24, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1833 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002065	00	11	24	84	Saturday	1516	1524

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
—	—		Volturno	St	02904	—

C/Y E-1 Brush

COMPILED SERVICE Vic. of canada pond

(A) EXTINGUISHERS

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

(B) HOSE USED

No.	Size	Total Ft.
✓	BOOSTER	100
	1½ INCH	
	2½ INCH	
	3 INCH	

WORKING TIME OF PUMP
.....Hrs. 5 .....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. Capaldi				
K. Mayers				
D. DeStefano				
P. LaBbadia				

See Report # 1832

INCIDENT 002065

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

This report forwarded to headquarters on 11/24, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1834 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002068	00	11	24	84	Saturday	2339	2345

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	Bicentennial		& Locust	Av	02911	2332

C/Y E-1 Box 161 Rubbish **COMPILED SERVICE** in rear 81 Locust Ave.

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total 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		1	Pump can
	DELUGE GUN		BANGOR		1	Broom
	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. Capaldi	Lt. Cagno			J. Wheeler
K. Mayers	B. Thurber			J. Casalino
D. DeStefano				

INCIDENT 002068

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

This report forwarded to headquarters on 11/24, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1835 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002371		11	25	84	Sunday	0715	0802

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1905		Mineral Spring Ave			0747

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
J Wheeler				Capt Capaldi
J Cosolino				LT Cafano
				K Mayer
				D DiFiore
				D Scott

INCIDENT

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

This report forwarded to headquarters on 11/25, 19 84 by Joseph Cafano

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1836 Station No. 11

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2372		11	25	84	Sunday	1010	1057

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1966		St. Joseph's Hospital			1025

MR-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. MR-11	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
Capt. J. Mitchell				Capt. Brusko
D. Watson II				D. Ericson
				Capt. Ruggiano
				D. Cicerone
				Lt. K. Cicerone
				D. D'Orio
				Lt. Cagno

INCIDENT 2372

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

This report forwarded to headquarters on 11/25/, 1984 by Donald M. Ryan IV

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1837 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002069		11	25	84	SUNDAY	1144	1155

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
200		HIGH SERVICE AVE.		02904	1146

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. CAENO			K. CICERONE
D. DIORIO	D. BAZZIE			D. CICERONE
K. O'MARA				D. GRELSON
				CAPT. RUGGIANO

INCIDENT 2069

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

This report forwarded to headquarters on 11-25-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1838 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2070		11	25	84	SUNDAY	1232	1300

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	146		WATERMAN	AVE.	02911	1234

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	1	BOOSTER	100		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. 15 .....Min.				

(D) MASTER STREAM APPLIANCES		(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL		2	BROOMS
	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				K. CICERONE
D. DIIORIO				D. BAZZLE
LT. CAGNO				D. GREGSON
D. CICERONE				

INCIDENT 2070

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

This report forwarded to headquarters on 11-25-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1839 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2076		11	25	84	SUNDAY	1322	1329

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	10		TANGLEWOOD LANE		02904	

E 4 31 C 1,2 **COMPILED SERVICE** Yellow 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. E-1	TRUCK NO. L-1	TRUCK NO.	ON SCENE	STATION
D. DIFORIO	D BRAZIL			CAPT. MARWICK
K. CICERONE	D GREGSON			D CICERONE
LT. CAYNO				K. ERICSSON
				D DISTEFANO

INCIDENT

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

This report forwarded to headquarters on NOV. 25, 19 84 by K. Cicerone

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1840 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002079		11	26	84	MONDAY	2027	0046

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
2074		SMITH	ST	02911	0930

Box 1137

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	K. CICERONE			K. ERICKSON
D. DIORIO	D. BAZZLE			B. HINES
D. CICERONE	R. LINCOLN			
D. GREGSON	K. LANDRY			

INCIDENT 2079

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

This report forwarded to headquarters on 11-26-, 19 84 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1841 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2373		11	26	84	MONDAY	0359	0429

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			DOUGLAS AVE STEPHEN OLNEY SCHOOL		02904	0404

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
W. HINES				CAPT. MARWELL
K ERICKSON				LT. CICERONE
				D. DI IORIO
				D. BAZZLE
				K. LANDRY
				D. GREGSON
				D. CICERONE
				R. LINCOLN

INCIDENT 2373

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

This report forwarded to headquarters on 11-26, 1984 by K Enck

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "C" Co. No. 1842 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	023744		11	26	84	Monday 2	0635	0700

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	21		Greystone Ave		02911	0639

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
W. Hines				Capt. Marwell
R. Lincoln				Lt. Cicerone
				D. DiIonio
				D. Gregson
				D. Cicerone
				D. Bazzle

rescue INCIDENT 2374

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

This report forwarded to headquarters on Nov. 26, 19 84 by R. Lincoln

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1843 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	CD2375	00	11	26	84	MONDAY	2129	1226

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	36		LOCUST	AV	02911	1131

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			
1	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. R-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
W. CARDARELLI				CPT. D'AMICO
S. CATANZARO				LT. PHILLIPS
				D. BAZZLE
				D. GIAMMARCO

INCIDENT CD2375

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

This report forwarded to headquarters on Nov 26, 19 84 by B Cardarelli

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1844 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2083		11	26	84	MONDAY	2323	2326

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		BOXHILL HIGH SERVICE + MURRY	AV	02904	

E 4-2-L-1 C/B

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. LADD	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT R Ponte				CAPT Doyle
T Hunt				S Horan
D DeStefano				P Roderick
D Scott				E DiGiulio
D Reed				P Labbadia
J McNiell				B Allaire
				D Singleton

INCIDENT 2083

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

This report forwarded to headquarters on 11-26, 1984 by LT. R Ponte

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1845 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	02379		11	27	84	Tuesday 3	0102	0144

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
24		Brown	AV	02911	0105

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. Res	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P Roderick				Capt. Doyle
G. Ahlarie				Lt. Ponte
				S. Horan
				T. Hunt
				P Labbadia
				E. DiGiulio
				D. Singleton
				D. Scott
				D Destefano
				D Reed
				J. McNeill

INCIDENT

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

This report forwarded to headquarters on 11/27, 1984 by P. Roderick

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1846 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002087		11	27	84	Tuesday 3	0112	0118

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

SS E-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. Eng	TRUCK NO. Res	TRUCK NO.	ON SCENE	STATION
Capt. Doyle	P. Roderick			Lt. Ponte
P. Habbadia	G. Alharie			S. Horan
E. DiGiulio				T. Hunt
D. Singleton				J. McNeill
D. Scott				D. DeStefano
				D. Reed

INCIDENT 002087

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

This report forwarded to headquarters on 11/27, 1984 by Capt. Doyle

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report In Your Own Words

Shift P Co. No. 1847 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002088		11	27	84	TUESDAY	0913	0952

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
29		McQUIRE	RD	02911	0914

C-4 E-1 L-1 **COMPILED SERVICE** BLDG B APT 103

(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
1	CELLAR PIPE

(E) LADDER USED

No.	Type	Total Ft.
	AERIAL	
	BANGOR	
	EXTENSION	16
	WALL	
	ROOF	
	FOLDING	

(F) OTHER EQUIPMENT

No.	Type
2	SMOKE EJECTORS

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. ENG 1	TRUCK NO. LAD 1	TRUCK NO.	ON SCENE	STATION
CAPT. J. D'AMICO	Lt. P. PHILLIPS		INSP. SALISBURY	A. ROSSI
W. CARDARELLI	D. BAZZLE			S. CATANZARO

INCIDENT 002088

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

This report forwarded to headquarters on 11/27/84, 19 ___ by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1848 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002091		11	27	64	TUESDAY	1353	1432

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

MUTUAL AID TO JOHNSTON

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				Lt. Phillips
W. Cardarelli				D. Bazzle
				S. Catanzaro
				A. Rossi

INCIDENT 002091

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

This report forwarded to headquarters on Nov. 27, 1964 by Capt. D'Amico

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1849 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	002385		11	27	84	TUESDAY	15 32	16 04

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
			129 TEXAS	AVE	02903	15 36

PPT

COMPILED SERVICE TRANS

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE		WORKING TIME OF 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
A. ROSSI				CAPT. D'AMICO
S. CATANZARO				LT PHILLIPS
				D. BAZZLE
				W. CARDARELLI

INCIDENT 002385

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

This report forwarded to headquarters on 11-27, 19 84 by A. ROSSI

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1850 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2093		11	27	84	TUESDAY	1625	38

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	END	OF	RAYMOND	AV	02911	27

ENG 1

COMPILED SERVICE

BRUSH

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER	200		
	SODA ACID		1½ INCH		1	
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMP				
	CTC	.....Hrs. ....10....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 J. D'AMICO			P. LASSASIA	LT. P. PHILLIPS
R. CARDARELLI			D. Singleton	D. BAZZLE
			J. MCNEILL	S. CATANZARO
				A. ROSSI

INCIDENT 2093

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

This report forwarded to headquarters on 11-27, 19 84 by D. BAZZLE

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1851 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002094		11	27	84	TUESDAY 3	1812	1823

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		URBAN AVE APTS			1816

E. 2. 5. 4. L-1. 2 **COMPILED SERVICE** BOX ALARM # 7444

(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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
S. CAPRACOTTA				CAPT. LABRADIA
P. LABRADIA				M. LABRADIA
				F. VESCERA
				J. McNEILL
				R. DiMartino
			CARDIAC → SCHOOL →	L. SANCHEZ, K. CULLINAN.

1812 903
1810
1812

INCIDENT 2094

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

This report forwarded to headquarters on 11-27, 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. 1852 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	002095		11	27	84	TUESDAY	1854	1905

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

E-2,4,5 L-1,2 **COMPILED SERVICE** BOX ALARM #7444

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
1	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
S. CAPRACOTTA				CAPT. LABBADIA
P. LABBADIA				M. LABBADIA
				F. VESCERA
				J. McNEILL
				R. DiMARTINO
			CARDIAC SCHOOL-7	L-SANCHEZ.
				K. CULLINAN

INCIDENT 2095

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

This report forwarded to headquarters on 11-27, 19 84 by PUT. R. DiMartino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1853 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2096		11	28	84	WEDNESDAY	0012	0037

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

ENG 1 BRUSH

COMPILED SERVICE END OF RAYMOND AVE

(A) EXTINGUISHERS No.	Type	(B) HOSE USED No.	Size	Total Ft.	(C) SALVAGE COVERS USED No.	Floor or Roof
	FOAM		BOOSTER	200		
	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. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
CAPT. LABBADIA				S. CAPRACOTTA
M. LABBADIA				P. LABBADIA
F. VESCERA				J. MCNELL
R. DIMARTINO				K CULLINAN
				C SANCHEZ

INCIDENT 2096

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

This report forwarded to headquarters on November 28, 1984 by _____

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1854 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	60,2388		11	28	84	wed 4	1253	1253

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
		MINERAL SPRING	AV	02911	1154

R-1 (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
A. Rossi				W. Cardarelli
S. Catanzaro				St. P. Phillips
				D Chanelli
				D. Bannarco

INCIDENT 2388

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

This report forwarded to headquarters on 11/28/, 19 84 by A. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1955 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002098		11	28	84	WEDNESDAY	1407	1412

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	19		TANGLEWOOD	LN	02911	1410

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

COMPILED SERVICE CODE YELLOW E-4 (STEAM SCARE)

(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 1	TRUCK NO. LAD 1	~~TRUCK NO.~~	ON SCENE	STATION
LT. P. PHILLIPS	W. CARBARELLI			A. ROSSI
D. CHARELLO	D. GIAMMARCO			S. CATANZARO

INCIDENT 00

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

This report forwarded to headquarters on November 29, 1984 by Lt. P. Phillips (SC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1856 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002391	00	11	28	84	Wednesday	1716	

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	27		Redfern	St.	02911	1720

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. Gregson				Capt. Capaldi
D. Gregson Sr.				D. DeStefano
B. Cunetta				D. Scott
				B. Thurber
				K. Omara

INCIDENT 002391

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

This report forwarded to headquarters on 11/28, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1857 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	003911	00	11	28	84	Wednesday	2101	2138

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	6		Stephanie	Dr.	02909	2104

M.A. + E-4

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM		BOOSTER			
	SODA ACID		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				Chief DiGiolio
D. Gregson Sr.				Capt. Capaldi
				Lt. Cogno
				B. Thurber
				J. Casalino
				K. Mayers
				K. Omana
				J. Wheeler
				B. Cunetta
				D. DeStefano

INCIDENT 2391

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

This report forwarded to headquarters on 11/28, 19 84 by Capt. Capaldi

Sec-

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1858 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002100	00	11	28	84	Wednesday 4	2110	2115

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG TIME
	14		Salem	Dr.	02904	2114

C/Y E-3 mattress

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. Capaldi	Lt. Cogno			Chief DiGiulio
B. Thurber	J. Wheeler			J. Gregson
J. Casalino	D. DeStefano			D. Gregson Sr.
K. O'mara				B. Cunnetta
D. Scott				K. Mayens

INCIDENT 002100

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

This report forwarded to headquarters on 11/28, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1859 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002101	00	11	29	84	Thursday 5	0151	0156

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
21		Walter	AV	02911	

M. A.

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 55.	TRUCK NO.	ON SCENE	STATION
J. Gregson	Capt. Capaldi			Lt. Cagno
B. Thurber	K. Mayers			J. Wheeler
	D. Scott			D. DeStefano
	J. Casalino			

INCIDENT 002101

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

This report forwarded to headquarters on 11/21, 19 84 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1860 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 3941	00	11	29	84	Thursday 5	0115	0216

CORRECT ADDRESS: NO. 211 DIR. NAME Walter TYPE AV ZIP CODE 02911 SIG 1 TIME 0147

M.A.

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				1859

INCIDENT 003941

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

This report forwarded to headquarters on 11/29, 1984 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1061 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 2 3 9 6		1 1	2 9	8 4	THURSDAY	7:53	8:05

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
16		JULIA	DR	02916	7:57

COMPILED SERVICE MED-AID

(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				
S. CATANZARO				

INCIDENT 2396

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

This report forwarded to headquarters on 11-29-, 19 89 by A. ROSSI

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1862 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002103		11	29	84	THURSDAY	10:45	10:58

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
175		LYMAN	AV	02911	10:49

E-2-1-LAD-1

COMPILED SERVICE C-Y E-2 CELLAR

(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
CAPT. J. D'AMICO	LT. P. PHILLIPS			PVT. A. ROSSI
PVT. W. CAPDARELLI	PVT. D. BAZZLE			PVT. S. CATANZARO

INCIDENT 002103

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

This report forwarded to headquarters on 11-29, 1984 by Capt. J. D'Amico (SC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1863 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	820404		11	29	84	THURSDAY	15:45	16:18

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
111		BARRY	CT	02904	1547

R-1, E-4 (MEDICAL AID)

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
A. ROSSI				CAPT. J. D'AMICO
S. CATANZARO				L. CALISE
				LT. P. PHILLIPS
				B. CARDARELLI
				D. BAZZLE

INCIDENT 2404

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

This report forwarded to headquarters on 11-29-, 19 84 by A. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1864 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2105		11	29	84	Thurs.	2252	2316

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	2019		Smith St.		02911	~~2252~~

E1, 2, L1

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 S. Maxwell	Lt. K. Cicerone			K. Erickson
D. DiSorio	D. Cicerone			K. Landry
~~L.F.K.C~~				D. Gregson
B. Hines				
~~D.~~				

INCIDENT 2105

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

This report forwarded to headquarters on Nov. 29, 19 84 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1865 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 2406		11	29	84	THURSDAY 5	23:10	23:16

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
1967		Police Dept.			23:11

MED-AID

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
K. LANDRY				CAPT. MARWELL
D. GREGSON				LT. CICERONE
				D. DI IORIO
				D. CICERONE
				K. ERICKSON
				B. HINES

INCIDENT 00 2406

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

This report forwarded to headquarters on NOVEMBER 29, 1984 by D. DiIorio

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1866 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002407		11	30	84	FRIDAY	503	544

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	54		Hawthorne St.			506

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
D. Greason				Capt. Marwell
K. Landry				R. Cicirone
				D. Nichols
				D. Cicirone
				K. Erickson
				B. Vines

INCIDENT 002407

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

This report forwarded to headquarters on Nov. 30, 1984 by K. A. Landry

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1867 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002412		11	30	84	FRIDAY	1115	1143

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	1830		MAI. SPR. AVE.		02904	1116

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
A. ROSSI				CPT. D'AMICO
S. CATANZARO				LT. PHILLIPS
				D. CHARELLO
				D. BAZZLE

INCIDENT 002412

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

This report forwarded to headquarters on 11/30/, 1984 by A. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1868 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002109		11	30	84	FRIDAY	11:55	12:00

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

E4, E3, E5, LAD 1

COMPILED SERVICE CODE Yell. ENG. 4

(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. L-1	TRUCK NO.	TRUCK NO. R-1	ON SCENE	STATION
D. BAZZLE		A. ROSSI		CPT. D'AMICO
LT. PHILLIPS		S. CATANZARO		D. CHARELLO

INCIDENT 002109

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

This report forwarded to headquarters on 11/30/84, 19 ___ by H. Phillips (OIC)

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1869 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2111		11	30	84	FRIDAY 6	1512	1517

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

E5, E4, E3 LAD 1, Car 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. L-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
D. BAZZLE				CAPT. D'AMICO
LT. P. PHILLIPS				M. ROSS.
				D. CHARETTO
				S. CATANZARO

INCIDENT

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

This report forwarded to headquarters on Lt. Phillips 19 ___ by 11/30/84

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1807 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	211211		11	30	84	FRIDAY	2128	2138

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
341		STEERE	A	02911	2130

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. ENG	TRUCK NO. RES	TRUCK NO.	ON SCENE	STATION
CAPT DOYLE	PRODERICK			LT. R PONTE
PLABBADH	GALLARIE			D SINGLETON
D SCOTT				D REED
D DESTEFANO				E DIGIULIO
J. MCNEILL				S HORAN
				J. HORAN
				PROCHELEAU

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

This report forwarded to headquarters on 11-30, 19 84 by LT. R Ponte

INCIDENT 02112

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1807 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002419		11	30	84	FRIDAY	21 28	22 06

CORRECT ADDRESS: NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
34		STEERE	M	02911	21 30

E-1 R-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. RES-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
P RODERICK				CAPT DOYLE
G ALLERI				LT R Ponte
				S/Sgt Ryan
				J. HORAN
				D REED
				D DESTEFANO
				P SCOTT
				P SINGLETON
				P LABBADIA
				P ROCHELEAU
				J. MCNEILL

INCIDENT 2419

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

This report forwarded to headquarters on Nov. 30, 19 84 by Lt. Patrick Rocheleau

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1872 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002114		11	30	84	FRIDAY	2234	2237

CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME
	BOX	415	HIGH SERVICE - MURRY		02911	

LADD-1 BOX 415 C/13

COMPILED SERVICE

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof	
	FOAM		BOOSTER				
	SODA ACID		1½ INCH				
	PUMP TANKS		2½ INCH				
	DRY CHEMICAL		3 INCH				
	CARBON DIOXIDE		WORKING TIME OF 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. LADD	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT R Poole				CAPT Doyle
S. Horan				LT England
D Scott				D DeStefano
D Singleton				P Rodrick
D Reed				Galliari
J Horan				

INCIDENT 002114

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

This report forwarded to headquarters on 11-30, 19 84 by LT R Poole