

902F

In Your Own Words

Shift C Co. No. 1515 Station No. 1 ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	001729		00	01	84	MONDAY	20650	0653
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	24		Doyle			DR.	02908	

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

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

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

[illegible]

This report forwarded to headquarters on 10-1-, 1984 by CAPT. MARWELL

INCIDENT

1729

SUPPLEMENTARY REPORT

☐ Revised Report

COMPILED SERVICE

INCIDENT

19

by

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	001732		10	01	84	MONDAY	22209	2223	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE		SIG 1 TIME
		125	OLNEY			AV	02911		

E-2, 1 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 PUMPHrs.Min.				
	CTC					

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on October 1st, 1984 by Capt. Doyle

INCIDENT 001732

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1520 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1996</u>	Exp. No.	MO. <u>10</u>	DAY <u>02</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Tuesday</u>	ALARM TIME <u>0253</u>	TIME - "IN SERVICE" <u>0334</u>	
CORRECT ADDRESS: <u>29</u>		NO.	DIR.	NAME <u>McQuinn</u>		TYPE <u>RD</u>	ZIP CODE	SIG 1 TIME	<u>0254</u>

Rescue 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>L. Sanchez</u>				<u>Capt. Doyle</u>
<u>P. Rodriguez</u>				<u>Lt. Pente</u>
<u>D. Reed</u>				<u>S. Moran</u>
				<u>D. Destefano</u>
				<u>P. Lappadina</u>
				<u>D. Singleton</u>
				<u>P. Rochelene</u>
				<u>T. Hunt</u>

INCIDENT

1996

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

This report forwarded to headquarters on Oct. 2, 19 84 by Port. Patrick Rodland

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 1528

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001997	Exp. No.	MO. 10	DAY 02	YEAR 84	DAY OF THE WEEK TUES	ALARM TIME 0615	TIME - "IN SERVICE" 0652
CORRECT ADDRESS: 1321 FOREST		NO.	DIR.	NAME		TYPE ST.	ZIP CODE	SIG 1 TIME 0619

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D REED</u>				<u>CAPT. DOYLE</u>
<u>L SANCHEZ</u>				<u>S. HORAN</u>
<u>P. PROTEAU</u>				<u>D. STEPHAN</u>
				<u>P. LABBODIA</u>
				<u>D. SINGLETON</u>

INCIDENT

1984

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

This report forwarded to headquarters on October 2nd, 1984 by [Signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1522 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002000</u>	Exp. No.	MO. <u>01</u>	DAY <u>02</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>13</u>	TIME - "IN SERVICE" <u>923</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>300</u>		<u>SMITHFIELD</u>		<u>RD</u>		<u>225</u>

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. AEFINO</u>				<u>CPT. D'AMICO</u>
<u>S. CATANZARO</u>				<u>LT. DIGUILIO</u>
				<u>K. SCANDARIATO</u>
				<u>W. CARDARELLI</u>
				<u>J. SILVA</u>
				<u>L. CALISE</u>

INCIDENT 002000

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

This report forwarded to headquarters on 10/21, 19 84 by P. Aefino

INCIDENT

SUPPLEMENTARY REPORT

Shift 9 Co. No. 13 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	002004		10	02	84	Tuesday	31332	1422	
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME
			300 SMITHFIELD				Rd		1332

TRANSPORTATION
FROM ST JOES TO 300 SMITHFIELD RD COMPILED SERVICE

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

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

HYDRANTS USED AND TIME		SUCTION HOSE USED		
TRUCK NO. _____	TRUCK NO. _____	TRUCK NO. <u>R-1</u>	ON SCENE	STATION
		<u>S. CATANZARO</u>		<u>CAPT D'Amico</u>
		<u>P. REFILIO</u>		<u>LT D. GUILIO</u>
		<u>N. ZARUBKA</u>		<u>W. CARABELLI</u>
				<u>J. SILVA</u>
				<u>K. Scandariato</u>

INCIDENT 000007

This report forwarded to headquarters on October 2, 1984 by Samuel J. Kelly

INCIDENT

2008

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002007		1	002	84	TUESDAY	1711	0714 7.33
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			SMITHFIELD			RD	02911	1713

COMPILED SERVICE *N. P. High Football Field*

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

2007

902F

Shift

Co. No.

Station No.

☐ Revised Report

E-1 WASH Down

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on _____, 19____

— 6 —

INCIDENT

957199

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift A Co. No. 1528 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	11739		10	02	84	TUESDAY	3 2 11 13	2 1 1 19
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	69		WELLESLEY			AV		

CODE YELLOW - ENG 2 COMPILED SERVICE

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

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

[illegible]

This report forwarded to headquarters on 10-2, 19 84 by PUT. R. Dimantini

INCIDENT

1739

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1528 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002009	Exp. No.	MO. 10	DAY 02	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 21:58	TIME - "IN SERVICE" 22:25
CORRECT ADDRESS: 600 SMITHFIELD		NO.	DIR.	NAME RES #1		TYPE RD	ZIP CODE 02911	SIG 1 TIME 2300

COMPILED SERVICE

HOPKINS HEAT

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>RES 1</u>	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>B. DiMARTINO</u>				<u>Dep CHIEF</u>
<u>F. VESPERA</u>				<u>D. Giuhio</u>
				<u>Capt LABBIA</u>
				<u>Lt Riccio</u>
				<u>S. Caporaso</u>
				<u>R. DiMARTINO</u>
				<u>SANCHEZ</u>
				<u>Cutlerman</u>
				<u>A. School</u>

ACCIDENT

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

This report forwarded to headquarters on 10-2, 1984 by Capt Schlock

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001740		10	03	84	WEDNESDAY	1041	1050
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		21	OREGON			Av		044

E-2-1- LAS-1

COMPILED SERVICE

CY - E-2 GAS LEAK

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

Capt J. D. Amice

INCIDENT 800170

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001741		10	03	84	wed	4 11 50	1204
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2		ATLANTIC			BU	02911	1153

ASSIST Rescue (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 PUMPHrs.Min.				
	CTC					

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on

198 by

by

Capt J. D'Amico (BC)

INCIDENT

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift 7 Co. No. 1532 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002010	Exp. No.	MO. 10	DAY 03	YEAR 84	DAY OF THE WEEK wed	ALARM TIME 41150	TIME "IN SERVICE" 227
CORRECT ADDRESS:	NO. 2	DIR.	NAME ATLANTIC			TYPE BV	ZIP CODE 02911	SIG 1 TIME 1152

MEDICAL AID (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 PUMPHrs.Min.				
	CTC					

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on

1013/84 by Paul J. R.

INCIDENT 008010

SUPPLEMENTARY REPORT

☐ Revised Report

E1, E4 LAD-1

Cope Blue

This report forwarded to headquarters on 10/3/89, 1989 by gpt Hume

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 153 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002013</u>	Exp. No. <u>1003</u>	MO. <u>8</u>	DAY <u>4</u>	YEAR <u>1984</u>	DAY OF THE WEEK <u>WEDNESDAY</u>	ALARM TIME <u>14.29</u>	TIME - "IN SERVICE" <u>14.43</u>
CORRECT ADDRESS: <u>1951 M.S.A.</u>		NO.	DIR.	NAME		TYPE	ZIP CODE <u>02904</u>	SIG TIME <u>1433</u>

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. REFINO</u>				<u>CPT. D'AMICO</u>
<u>S. CATANZARO</u>				<u>LT. DIGIULIO</u>
				<u>K. SCANDARIATO</u>
				<u>W. CARDARELLI</u>
				<u>L. CALISE</u>
				<u>J. SILVA</u>

INCIDENT

002013

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

This report forwarded to headquarters on 10/31, 1984 by P. Refino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1535

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002014</u>	Exp. No.	MO. <u>10</u>	DAY <u>03</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>4:47</u>	TIME - "IN SERVICE" <u>5:37</u>
CORRECT ADDRESS: <u>E-4, R-1</u>		NO. <u>1155</u>	DIR. <u>DOUGLAS</u>	NAME <u>DOUGLAS</u>		TYPE <u>AV</u>	ZIP CODE	SIG 1 TIME <u>1450</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. REFINO</u>				<u>CPT. D'AMICO</u>
<u>S. CATANZARO</u>				<u>LT. DIGIULIO</u>
				<u>K. SCANDARIATO</u>
				<u>W. CARDARELLI</u>
				<u>L. CALISE</u>
				<u>J. SILVA</u>

INCIDENT

002014

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

This report forwarded to headquarters on

10/3/84

19

by

P. Refino

902F

Shift B Co. No. 153B Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001744	0010	03	84	Wednesday	4	1653	1702
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG	1 TIME	
	48		Woodhaven	Blvd	02911			

M. A.

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on 10/3, 1984 by Capt. Capaldi

INCIDENT 1744

902F

Shift B Co. No. 1539 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002013	00	10	03	84	Wednesday	4 1653	1 738
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	48		Woodhaven			Rhd	02911	1656

M.A.

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on 10/03, 1984 by Capt. Capaldi

INCIDENT 002015

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 1538

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002016</u>	Exp. No.	MO. <u>10</u>	DAY <u>03</u>	YEAR <u>82</u>	DAY OF THE WEEK <u>Wed</u>	ALARM TIME <u>41856</u>	TIME -- "IN SERVICE" <u>1932</u>
CORRECT ADDRESS: <u>11551</u>		NO.	DIR.	NAME <u>Driggs</u>		TYPE <u>Res</u>	ZIP CODE	SIG 1 TIME <u>1929</u>

COMPILED SERVICE

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

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

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

TRUCK NO. <u>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. Gagnier JR</u>				<u>CAP. Capaldi</u>
<u>J. Carafano</u>				<u>LT. Capaldi</u>
				<u>T. 2nd Lt. Capaldi</u>
				<u>K. 2nd Lt. Capaldi</u>
				<u>D. D. Capaldi</u>
				<u>E. B. 2nd Lt.</u>
				<u>K. O'Malley</u>

INCIDENT

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

This report forwarded to headquarters on Oct. 3rd, 1982 by John Gray

This report forwarded to headquarters on 11/10/2007, 1994 by [signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1540 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001745	Exp. No. 00	MO. 10	DAY 03	YEAR 84	DAY OF THE WEEK Wednesday	ALARM TIME 4:20	TIME - "IN SERVICE" 2019
CORRECT ADDRESS: C/B E-1 Box 125		NO. Sherwood & Berwick	DIR.	NAME AV		TYPE 02911	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Capaldi</u>	<u>Lt. Cagno</u>			<u>Chief Murphy</u>
<u>K. Mayers</u>	<u>E. Ruzzie</u>			<u>Lt. Cagno</u>
<u>K. Oimara</u>	<u>D. DeStefano</u>			<u>Capt. Russo</u>
				<u>Capt. Ruggiano</u>
				<u>K. Landry</u>
				<u>J. Gregson</u>
				<u>D. Gregson</u>
				<u>E. DiGiulio</u>

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

This report forwarded to headquarters on 10/3, 19 84 by Capt. Capaldi

INCIDENT 1745

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1548 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001746	Exp. No. 00	MO. 10	DAY 03	YEAR 84	DAY OF THE WEEK Wednesday	ALARM TIME 2031	TIME - "IN SERVICE" 2040
CORRECT ADDRESS: M.A. & R-2		NO. 61	DIR. Jacksonia	NAME Jacksonia		TYPE Dr	ZIP CODE 02911	SIG TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Capaldi</u>				<u>Chief Murphy</u>
<u>K. Mayers</u>				<u>Lt. Cagno</u>
<u>H. Omlara</u>				<u>Capt. Russo</u>
				<u>Capt. Ruggiano</u>
				<u>E. Bozzie</u>
				<u>D. DeStefano</u>
				<u>E. DiGiulio</u>
				<u>K. Landry</u>

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

This report forwarded to headquarters on 10/03, 1984 by Capt. Capaldi

INCIDENT

1746

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1548 Station No. 1

☐ Revised Report

FD ID 02400 INCIDENT NO. 001748 Exp. No. 00 MO. 10 DAY 03 YEAR 84 DAY OF THE WEEK Wednesday ALARM TIME 2221 TIME - "IN SERVICE" 2331

CORRECT ADDRESS: NO. 1776 DIR. Bicentennial NAME WY TYPE WY ZIP CODE 02911 SIG 1 TIME -

C/R E-1 Peter Randall Vil. COMPILED SERVICE Bldg. H apt. #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	350'		
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. <u>30</u>Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL		6	Air packs (3 Eng)
	DELUGE GUN		BANGOR			→ (3 Lad)
	CELLAR PIPE	✓	EXTENSION	24'	1	Halligan
			WALL		2	Pike poles 6' x 8'
		✓	ROOF	20'	2	Smoke ejectors + cord
		✓	FOLDING	10'	3	Axe

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. <u>R-1 SS</u>	ON SCENE	STATION
Capt. Capaldi	Lt. Cagno	J. Greyson	Chief DiGiulio	
K. Mayers	J. Wheeler	D. Gregson Sr.	Lt. Ricci	
K. Omara	D. Destefano		C-1	
J. Casalino			C-3	
			C-4	
			E. Bazzle	

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

This report forwarded to headquarters on 10/3, 19 84 by Capt. Capaldi

INCIDENT

1748

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	302020		10	03	84	THURSDAY	42230	2304
CORRECT ADDRESS.	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1736		Biccentennial/wr					3030

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on Dec 1 3 1981 by John S. [Signature]

INCIDENT

902F

Shift B Co. No. 1544 Station No. 1☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on October 3rd, 1984 by John Gross

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001750		10	04	84	Thursday	8:00	8:07
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	380		SUNSET			A	02911	

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on

19 19 by

by

INCIDENT

251

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID 02400	INCIDENT NO. 002024	Exp. No.	MO. 10	DAY 04	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 1135	TIME — "IN SERVICE" 1214	
CORRECT ADDRESS:		NO.	DIR.	NAME Douglas			TYPE AC	ZIP CODE 02904	SIG TIME 1138

COMPILED SERVICE

R N Koch

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-7, 1984 by _____

INCIDENT

02 2024

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1547

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002026	Exp. No.	MO. 10	DAY 04	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 5:12:37	TIME - "IN SERVICE" 1:31:18
CORRECT ADDRESS: 2001		NO.	DIR.	NAME HIGH SERVICE		TYPE RV	ZIP CODE 02911	SIG TIME 1:23:9

TRANSPORTATION DETAIL

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO. <u>R-1</u>	ON SCENE	STATION
		<u>S. CATANZARO</u>		<u>CAPT D'AMICO</u>
		<u>P. REFINO</u>		<u>LT D. GUILLO</u>
				<u>W. CARABELLI</u>
				<u>K. SCARABARATO</u>
				<u>J. SILVA</u>
				<u>L. CALISE</u>

INCIDENT 002026

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

This report forwarded to headquarters on October 4, 19 84 by Paul J. Refino

902F

Shift C Co. No. 1348 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001756		00	04	84	THURSDAY	5 1641	1652
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1874		MINERAL SPRING			ACE	02904	1642

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-9- 1944 by CAPT. MARWELL

INCIDENT

1756

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 1548

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002032</u>	Exp. No.	MO. <u>10</u>	DAY <u>04</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>5:16</u>	TIME - "IN SERVICE" <u>1:23</u>
CORRECT ADDRESS: <u>1874 1 MINERAL SPRING AVE.</u>		NO.	DIR.	NAME		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1642</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION	
<div style="text-align: center; font-size: 2em;"> SAME AS CO. # 1544 </div>					

INCIDENT

2030

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

This report forwarded to headquarters on October 4th, 1984 by John J. [Signature]

le
oe
w

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift CC

Co. No. 1550

Station No. 11

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>00208200</u>	Exp. No. <u>0004</u>	MO. <u>8</u>	DAY <u>4</u>	YEAR <u>1984</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>2:25</u>	TIME - "IN SERVICE" <u>2:19.0.1</u>	
CORRECT ADDRESS: <u>208901</u>		NO. <u>1</u>	DIR. <u>1</u>	NAME <u>MISHA</u>			TYPE <u>15.1</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>2:25.4</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>ER-11</u>	TRUCK NO. <u>K-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. RUGGIANO</u>	DEPUTY CHIEF			<u>DEPUTY CHIEF</u>
<u>D. HINE/SWELL</u>	CHIEF			<u>CHIEF</u>
<u>K. ERICKSON</u>				<u>CAPT. MARWELL</u>
				<u>R. DIMARTINO</u>
				<u>J. MCNEILL</u>
				<u>D. DIORO</u>
				<u>LT. CICERONE</u>

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

This report forwarded to headquarters on October 4, 19 84 by D. DiPaol

INCIDENT 008032

This report forwarded to headquarters on 10-4, 1984 by R. Di Martino

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1554 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>0101 760</u>	Exp. No.	MO. <u>10</u>	DAY <u>04</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>5 20 33</u>	TIME - "IN SERVICE" <u>2 0 4 1</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>251</u>		<u>MCGUIRE</u>		<u>1A0</u>	<u>029</u>	<u>2034</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>4-1</u>				<u>DEPUTY CHIEF</u>
<u>W. Roy</u>				<u>CHIEF MURPHY</u>
W. Roy				<u>CAPT MARWELL</u>
				LEICARD
				<u>DDIARO</u>
				<u>W. HINES</u>
				W. HINES
				<u>R. DIMARTINO</u>

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

This report forwarded to headquarters on 10-4, 19 84 by R. Di Martino

INCIDENT

1760

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	2033		10	04	84	Thursday	52132	2214
CORRECT ADDRESS:	NO.	QIR	NAME	TYPE	ZIP CODE	SIG	1 TIME	
			ST. JOE'S TOWNSHIP	ST.	103911		214	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-4, 19 84 by K. E. Smith

INCIDENT

2033

SUPPLEMENTARY REPORT

1762

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Fill in This Report
In Your Own Words

Shift P Co. No. 1554 Station No. 1

FD ID 02400 INCIDENT NO. 001763 Exp. No. 100584 MO FRIDAY DAY OF THE WEEK 6/10/01 ALARM TIME 10.28 TIME - "IN SERVICE"

CORRECT ADDRESS: NO. 02 DIR. GREYSTON TYPE ZIP CODE SIG 1 TIME

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-3, 19 89 by Capt. J. J. Amato

INCIDENT

1263

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

In Your Own Words										<input type="checkbox"/> Revised Report	
Shift <u>1</u>			Co. No. <u>1558</u>			Station No. <u>1</u>					
FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK		ALARM TIME	TIME — "IN SERVICE"		
02400	002035		10	05	84	FRIDAY		6 10 10	10 52		
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME		
		2		GREYSTONE			1A	02911	1013		

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-5, 1984 by Paul G. [illegible]

INCIDENT 002032

SUPPLEMENTARY REPORT

Shift 7 Co. No. 133 Station No. 1☐ Revised Report

FD ID 02400	INCIDENT NO. 001764	Exp. No.	MO. 10	DAY 05	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 1152	TIME — "IN SERVICE" 1205	
CORRECT ADDRESS:	NO. 375	DIR.	NAME Searcy				TYPE A2	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

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

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

[illegible]

This report forwarded to headquarters on 10-5, 1949 by Ceylan D. Jones

INCIDENT

1764

SUPPLEMENTARY REPORT

Shift

Co. No.

Station No.

FD ID 02400	INCIDENT NO. 002036	Exp. No.	MO. 10	DAY 05	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 1152	TIME -- "IN SERVICE" 1222	
CORRECT ADDRESS:		NO. 375	DIR.	NAME Sunset			TYPE A	ZIP CODE 02911	SIG 1 TIME 1153

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on October 5, 1984 by Paul J. Deane

INCIDENT 002036

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1568 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2037</u>	Exp. No.	MO. <u>10</u>	DAY <u>05</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>0620</u>	TIME - "IN SERVICE" <u>213.2</u>
CORRECT ADDRESS: <u>1879 Mineral Spring</u>		NO.	DIR.	NAME <u>AV</u>		TYPE <u>2058</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. DeStefano</u>				<u>Capt. Doyle</u>
<u>P. Rochelleau</u>				<u>Lt. Pante</u>
				<u>S. Horan</u>
				<u>T. Hunt</u>
				<u>D. Singleton</u>
				<u>J. Horan</u>
				<u>R. Kelly</u>

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

This report forwarded to headquarters on 10/05, 19 84 by P. Rochelleau

INCIDENT

2037

SUPPLEMENTARY REPORT

Shift

Co. No.

Station No.

☐ Revised Report

F-1.4 1-1 C/Vellow COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

This report forwarded to headquarters on 10/5, 1984 by Capt. Doyle

INCIDENT 001767

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 156B Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 01011269	Exp. No.	MO. 10	DAY 06	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 70959	TIME - "IN SERVICE" 1007
CORRECT ADDRESS:	NO.	DIR.	NAME ALFRED			TYPE IDR	ZIP CODE	SIG 1 TIME

E-1, 2 L1

COMPILED SERVICE

CODE YELLOW E-1

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. <u>L-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. LABBADA</u>	<u>CAPT. MAXWELL</u>			<u>S. HORAN</u>
<u>S. CARRACOTTA</u>	<u>P. LABBADA</u>			<u>R. DIMARTINO</u>
<u>F. VESCEVO</u>	<u>D. DISTEFANO</u>			<u>L. SANCHEZ</u>
	<u>P. ROCHELEAU</u>			

INCIDENT

1769

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

This report forwarded to headquarters on 10-6, 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. 1564 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002040	Exp. No.	MO. 10	DAY 06	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 11:20	TIME - "IN SERVICE" 11:55
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG TIME
		2		STEVENS		ST	02911	1124

RES #1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>RES 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>H. Sanchez</u>				<u>Captain LABRADA</u>
<u>R. DiMartino</u>				<u>P. LABRADA</u>
				<u>S. CAPRACOTTA</u>
				<u>F. VESCEA</u>
				<u>S. HONAN</u>
				<u>D. DiStefino</u>

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

This report forwarded to headquarters on 10-6, 19 84 by Captain Lelich

INCIDENT 002040

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1563 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001,770</u>	Exp. No.	MO. <u>10</u>	DAY <u>06</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>1,4,3,3</u>	TIME - "IN SERVICE" <u>1,4,3,8</u>
CORRECT ADDRESS:	NO. <u>20641</u>	DIR.	NAME <u>SMITH</u>			TYPE <u>S.T.</u>	ZIP CODE	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT. LABRADIA</u>				<u>P. LABRADIA</u>
<u>S. CAPRACOTTA</u>				<u>R. DIMARTINO</u>
<u>D. DISTEFANO</u>				<u>L. SANCHEZ</u>
				<u>F. VESCEA</u>
				<u>CAPT. RUSSO</u>
				<u>COMM. DIORO</u>

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

This report forwarded to headquarters on 10-6, 19 84 by PVT. R. DiMartino

INCIDENT

1770

SUPPLEMENTARY REPORT

☐ Revised Report

This report forwarded to headquarters on Oct 6th, 1984 by Pat Ken McCallum

INCIDENT

1771

902F

Shift A Co. No. 1569 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME	"IN SERVICE"
02400	1773		10	06	84	SATURDAY	61742	18	10
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	2072		Smith			ST	02911	1744	

Box Alarm #1137

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on OCT 6th, 1984 by Ken Mullin

INCIDENT I

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	1775		10	06	84	SATURDAY	16 21 03	22 23	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	2		GREYSTONE			AV	02911		

CODE YELLOW Eng / Acad / COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on OCT 6th, 1989 by Rever Mullen

INCIDENT

1775

902F

Fill In This Report In Your Own Words

In Your Own Words

Shift B Co. No. 1568 Station No. 1 ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	001776	00	10	07	84	Sunday	1027	1029	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		Fenway & Smith						02911	

C/B L-1 Box 139

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10/7, 1989 by Capt. Capaldi

INCIDENT

1776

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	601338		10	07	84	SUNDAY	11616	1607
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	29		McGUIRE RD			AD	12941	1607

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on

1987 by

INCIDENT

55/778

902F

Shift B Co. No. 1578 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001780	00	10	07	84	Sunday	1621	1622
CORRECT ADDRESS	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Douglas F Goldsmith			SA	02904	

C/E-3 pulled for Auto COMPILED SERVICE Box 232

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

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

[illegible]

This report forwarded to headquarters on 10/7, 1984 by Capt. Copaldi

INCIDENT 780

902F

Shift

Co. No.

Station No. _____

Revised
Report

med - bill

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(D) MASTER STREAM APPLIANCES **(E) LADDER USED**

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. 8-7TRUCK NO.TRUCK NO.

ON SCENE

STATION

This report forwarded to headquarters on

This report forwarded to headquarters on October 9th, 1984 by Greene

INCIDENT

2047

INCIDENT

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

19

by CAPT MARCH

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

FD-204 (Rev. 5-22-64)

FD ID: 02400

INCIDENT NO.: 001784

Exp. No.: 100884

MO.: MONDAY

DAY: 2

YEAR: 1984

DAY OF THE WEEK: MONDAY

ALARM TIME: 1253

TIME - "IN SERVICE": 1300

CORRECT ADDRESS: NO. 29, DIR. mcGuire, NAME, TYPE, ZIP CODE, SIG 1 TIME

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
CAPT. MARNELL				DER. CH. DiGiulio
D. DiIorio				CAPT. RUGGIANO
				LT. CICEPONE
				DER. CH. DiGiulio
				P. RODERICK
				K. ERICKSON
				K. LANDRY

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

This report forwarded to headquarters on 10-8-, 1984 by CAPT MARWEL

INCIDENT

2054

1785

SUPPLEMENTARY REPORT

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

SUCTION HOSE USED

This report forwarded to headquarters on

19

by

INCIDENT

002055

SUPPLEMENTARY REPORT

Shift C Co. No. 1580 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	102057		10	08	84	Monday	22046	2109	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
				M.S.A. + DOUGLAS				02904	2048

(C) SALVAGE COVERS USED

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

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on 10-8, 19 89 by K. G. Kandy

INCIDENT

002057

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1588 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002059	Exp. No.	MO. 10	DAY 98	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 22:13.2	TIME - "IN SERVICE" 21.40
CORRECT ADDRESS: 1967		NO.	DIR.	NAME MINERAL SPRING AVE		TYPE	ZIP CODE 02804	SIG 1 TIME 2133

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>SAME AS</u>				
<u>CO. # 1576</u>				

INCIDENT

2059

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

This report forwarded to headquarters on 10-8-, 1984 by CAPT. MARWELL

This report forwarded to headquarters on 10-7-84 by K. A. Landry

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

[illegible]

This report forwarded to headquarters on 10-9-, 1984 by CAPT. MARNY

INCIDENT

1790

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	002064		10	09	84	TUESDAY	1406	1444	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
		1352		SMITH ST.			92911	1410	

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on 10/9/89, 19 by T. Pelletier

INCIDENT

082064

902F

Fill In This Report In Your Own Words

Shift D Co. No. 1588 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	2067		10	09	84	Tuesday	32138	2219	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	31		South Larchmont			AU	02911	2140	

R-1 SS E-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

INCIDENT

2067

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

This report forwarded to headquarters on 10/9, 1984 by P. Roderick

902F

Shift D Co. No. 1589 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001792		10	09	84	Tuesday	3 21 43	2 15 6
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	31		South Larchmont			1A	02911	21 46

E-1

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on 10/9, 1984 by Capt. Doyle

INCIDENT 001192

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1793		10	10	84	Wednesday 3	7:48	7:51
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Winnasauktuck + Water			ST	02909	

Box 513

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on Oct 10, 1984 by Stephen M. Moran

INCIDENT 001793

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 158B

Station No. 2

☐ Revised Report

FD ID 02400	INCIDENT NO. 1795	Exp. No.	MO. 10	DAY 10	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 1709	TIME - "IN SERVICE" 1712
CORRECT ADDRESS: Box # 415		NO.	DIR.	NAME High Service + Murry	TYPE	ZIP CODE 02911	SIG 1 TIME	

COMPILED SERVICE

E-2-4 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. <u>1A01</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>F. VESCERA.</u>				<u>Capt LABORDIA</u>
<u>H. Ricci.</u>				<u>S. Capracopla.</u>
<u>R. D. Medina</u>				<u>L. Sanchez.</u>
				<u>K. Cullinan.</u>

INCIDENT

1795

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

This report forwarded to headquarters on 10-10, 1984 by Capt L. Medina

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1588 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 1797	Exp. No.	MO. 10	DAY 10	YEAR 84	DAY OF THE WEEK Wednesday	ALARM TIME 42311	TIME - "IN SERVICE" 2351
CORRECT ADDRESS: MSA @ Smith Field Rd		NO.	DIR.	NAME MSA @ Smith Field Rd		TYPE	ZIP CODE 02911	SIG 1 TIME

Eng 1, SS-Eng 3

COMPILED SERVICE

GAS SPILL

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>Eng 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAALabbadia</u>				<u>LT RICCI</u>
<u>SCAPnacotta</u>				<u>KCullinan</u>
<u>Phabbadia</u>				<u>LSanchez</u>
				<u>R Dimartino</u>
				<u>EDIGulia</u>
				<u>F. Vescera</u>

INCIDENT

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

This report forwarded to headquarters on OCT 10, 1984 by Kevin McCullen

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID 02400	INCIDENT NO. 1798	Exp. No.	MO. 10	DAY 11	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 1:12	TIME - "IN SERVICE" 1:25
CORRECT ADDRESS:	NO.	DIV.	NAME			TYPE	ZIP CODE	SIG TIME
	20	5	Centerdale Manor				02911	0.1.1.4

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 PUMPHrs.Min.				
	CTC					

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

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

[illegible]

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

This report forwarded to headquarters on October 11th, 1984 by _____

INCIDENT

1798

This report forwarded to headquarters on 10-11, 1947 by Capt J. J. J. J.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1598

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002078	Exp. No.	MO. 10	DAY 11	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 509.13	TIME - "IN SERVICE" 09.40
CORRECT ADDRESS:		NO. 1560	DIR. DOUGLAS	NAME		TYPE 1A.V	ZIP CODE 02904	SIG 1 TIME 09.15

R-1

COMPILED SERVICE

5-23-0930 HRS

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-1</u>				
<u>P. REFINO</u>				<u>CPT. D'AMICO</u>
<u>S. CATANZARO</u>				<u>F. CACCIA</u>
				<u>D. CHARELLO</u>
				<u>W. CARDARELLI</u>
				<u>LT. CALISE</u>

INCIDENT

002078

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

This report forwarded to headquarters on 10/11/84, 1984 by P. Refino

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1800		10	11	84	THURSDAY	5 13.37	1351
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			321 STELLA			DR		

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on

19 EE by

by

INCIDENT!

902F

Shift P Co. No. 1597 Station No. 5

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	002050		10	11	84	THURSDAY	51337	1455	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME	
	34		STELLA			DA	02911	1338	

(A) EXTINGUISHERS

(C) SALVAGE COVERS USED

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

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

This report forwarded to headquarters on October 11, 1984 by Paul G. Kmo

INCIDENT

2802

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1598

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 00	Exp. No. 00	MO. 10	DAY 11	YEAR 84	DAY OF THE WEEK THURSDAY	ALARM TIME 5:16 22	TIME - "IN SERVICE" 16 29
CORRECT ADDRESS: E-1	NO. 1.6	DIR. 1.6	NAME LYMAN			TYPE AV	ZIP CODE 02891	SIG TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CAPT D'AMICO</u>				<u>A. CACCIA</u>
<u>W. CARDARELLI</u>				<u>D. CHARELLO</u>
<u>G. CAPALDI</u>				<u>P. BEFINO</u>
				<u>S. CATANZARO</u>
				<u>J. GREGSON</u>
				<u>D. GREGSON</u>

INCIDENT

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

This report forwarded to headquarters on October 11, 19 84 by Cpt D'Amico

2802

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1600 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001804</u>	Exp. No. <u>0010</u>	MO. <u>11</u>	DAY <u>84</u>	YEAR <u>Thursday</u>	DAY OF THE WEEK <u>5</u>	ALARM TIME <u>2231</u>	TIME "IN SERVICE" <u>2235</u>
CORRECT ADDRESS: <u>Waterman & Adams</u>		NO. <u>1</u>	DIR. <u>St.</u>	NAME <u>St.</u>		TYPE <u>1</u>	ZIP CODE <u>02911</u>	SIG <u>1</u>

C/B E-1 Box 124

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Capaldi</u>				<u>Chief DiGiulio</u>
<u>K. Mayers</u>				<u>Capt. Ruggiano</u>
				<u>Lt. Cogno</u>
				<u>J. Gregson</u>
				<u>J. Wheeler</u>
				<u>T. Casalino</u>
				<u>D. Gregson Sr</u>

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

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

INCIDENT

1804

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 159B Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002086	Exp. No.	MO. 10	DAY 12	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 6:40 P	TIME - "IN SERVICE" 1:42:22
CORRECT ADDRESS: 11920		NO.	DIR.	NAME MINERAL SPRING		TYPE P.V.	ZIP CODE 02911	SIG 1 TIME 1:40.8

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. <u>R-1</u>	ON SCENE	STATION
<u>CAPT D'AMICO</u>		<u>S. CONTANZARO</u>		<u>LT CAUSE</u>
<u>W. CARDARELLI</u>		<u>P. REFINO</u>		<u>D. Charello</u>

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

This report forwarded to headquarters on October 12, 19 84 by Paul D. Refino

INCIDENT 002086

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	001806		10	12	84	FRIDAY	6 1408	1422	
CORRECT ADDRESS:	NO.	DIR.	NAME				TYPE	ZIP CODE	SIG 1 TIME
	1920		MINERAL SPRINGS				AU	02911	1408

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on

10/12, 1954 by Capt Danner
R. L. L.

INCIDENT

908/20

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

16

by

INCIDENT

001808

INCIDENT

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001810	108284		FRIDAY		1839	1905	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1828		Minera			Spring Ave	02904	

L2L-1, E-1, E4, E3 COMPILED SERVICE

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

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type	
	LADDER PIPE		AERIAL		2	HAND LIGHTS	
	DELUGE GUN		BANGOR				
	CELLAR PIPE		EXTENSION				
			WALL				
			ROOF				
			FOLDING				

[illegible]

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

This report forwarded to headquarters on 10-12, 19 84 by H. G. Handy,

INCIDENT

8/10

902F

Shift "C" Co. No. 1608 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001812		01	12	84	Friday	61954	2001
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	22210		MSA (old Town Hall)				02911	1955

Box 7128 E-1.4.2 L-1 COMPILED SERVICE

C/y E-1

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

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

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

[illegible]

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

This report forwarded to headquarters on October 12, 1984 by CPT. MARWELL

INCIDENT

1812

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1607 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002089	Exp. No.	MO. 10	DAY 13	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 1.49	TIME — "IN SERVICE" 2.19
CORRECT ADDRESS: 2074		NO.	DIR.	NAME Centredale Manor		TYPE	ZIP CODE	SIG 1 TIME 152

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. Lincoln</u>				<u>Cpt. Marwell</u>
<u>K. Landry</u>				<u>Lt. Ciccone</u>
<u>S. Bauman</u>				<u>D. DiLorio</u>
				<u>D. Ciccone</u>
				<u>Lt. Ricci</u>
				<u>T. McNeill</u>
				<u>D. Gregson</u>

INCIDENT

002089

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

This report forwarded to headquarters on 10-13, 19 84 by K. Landry

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift "D" Co. No. 1608 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	2090	00	10	13	84	SAT.	6 9 43	1 0 0 6
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	32		Fonnest.			ST.	02311	1 0 45

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-13, 1984 by L. W. Neil

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "D"

Co. No. 1608

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2092</u>	Exp. No. <u>0.0</u>	MO. <u>10</u>	DAY <u>13</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>16:11:17</u>	TIME - "IN SERVICE" <u>1:11:26</u>
CORRECT ADDRESS: <u>1655</u>		NO. <u>1</u>	DIR. <u>1</u>	NAME <u>DOUGLAS AVE</u>		TYPE <u>AV.</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1/1/84</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-7</u>				
<u>J McNeill</u>				<u>DEP. Chief Digulic</u>
<u>P. Rochelieu</u>				<u>Capt. Doyle</u>
				<u>1st. Pontc.</u>
				<u>S. Moran</u>
				<u>Lt. Ricci</u>
				<u>D Singleton</u>

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

This report forwarded to headquarters on 10-13-84

, 1984 by J McNeill

INCIDENT 2092

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1610 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>DET AIL</u>	Exp. No.	MO. <u>10</u>	DAY <u>13</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7 10 00</u>	TIME - "IN SERVICE" <u>1 1 30</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>Homecoming PARADE</u>		TYPE	ZIP CODE	SIG 1 TIME

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. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>LT. PONTE</u>				<u>CAPT DOYLE</u>
<u>LT Ricci</u>				<u>S. HODGINS</u>
				<u>D. SINGLETON</u>
				<u>J. McALLISTER</u>
				<u>P. KACHA/PAU.</u>
				<u>DET. Chief Dig</u>

INCIDENT
DETAIL

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

This report forwarded to headquarters on 10-13-84, 19 84 by L+R. Ponte

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	02400		10	7	84	Saturday	11:30	3:45
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			N.P. Football game					

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on

19 29 by

INCIDENT I

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1612 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002093	Exp. No.	MO. 10	DAY 1	YEAR 38	DAY OF THE WEEK Saturday	ALARM TIME 7:16	TIME - "IN SERVICE" 7:25
CORRECT ADDRESS:		NO.	DIR.	NAME No Prov. H.S. NSA		TYPE	ZIP CODE 02904	SIG 1 TIME 1602

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. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>H. Ricci</u>				<u>Capt. Doyle</u>
<u>J. McNeill</u>				<u>Lt. Ponte</u>
<u>P. Rocheleau</u>				<u>T. Hunt</u>
				<u>D. Singleton</u>
				<u>Capt. Maxwell</u>
				<u>S. Horan</u>

INCIDENT

002093

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

This report forwarded to headquarters on 10/13, 19 84 by P. Rocheleau

902F

Shift D Co. No. 1618 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001815		10	13	84	Saturday 7	1657	1700
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Stebba + Elmore			AV	02911	

E-1,4 L-1 C/Blue COMPILED SERVICE Box 128

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

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

[illegible]

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

This report forwarded to headquarters on 10/13, 19 84 by Capt. Doyle

INCIDENT 001815

902F

Shift D Co. No. 1694 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001816		10	13	84	SATURDAY	71846	1851
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	40		MARCONI			ST	02304	1848

E-4-3 JL-1

COMPILED SERVICE *e/y E-4*

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

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

[illegible]

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

This report forwarded to headquarters on _____, 19_____.

by *L. R. R.*

INCIDENT

00/2/19

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001813		00	14	84	Sunday	19250	0256
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE	ZIP CODE	SIG	1 TIME
	18		FENWAY		AL	02504		0252

E-1 & 12-2

COMPILED SERVICE

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

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

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

TRUCK NO. E-1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
LT Ricci				CAPT Doyle
S HORAN				LT PONTI
J HORAN				D SICKLETON
			RES - 1	J. McNeil
				P. Roehrig

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

This report forwarded to headquarters on _____, 19____.

LT. F. Ricci

INCIDENT!

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002095		10	14	84	Sunday	10248	0336
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			TRANSPORTATION				02508	0251

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A" Co. No. 1618 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 2097	Exp. No.	MO. 10	DAY 14	YEAR 84	DAY OF THE WEEK Sunday	ALARM TIME 10.8.36	TIME - "IN SERVICE" 0.9.20
CORRECT ADDRESS: 115 Sunset		NO.	DIR.	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME 083.9

RES#1

COMPILED SERVICE Sunset 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 PUMPHrs.Min.					
	CTC						

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. RES#1	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
J. McNEIL				Capt Labadie
H. Sanchez				Capt Maxwell
				Lt. Ricci
				S. Caporaso
				Lt. Fontana
				D. Singleton
				S. Horan
				P. Rocheleau

INCIDENT

2097

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

This report forwarded to headquarters on 10-14, 19 84 by Capt Labadie

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	001820		10	14	84	Sunday	19845	08.5.5
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET			A4E	02911	

SS Eng 1

COMPILED SERVICE

Sunset Aptu

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(E) LADDER USED

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

bv

INCIDENT

120

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "A"

Co. No. 1618

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2100</u>	Exp. No.	MO. <u>10</u>	DAY <u>14</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>1909</u>	TIME - "IN SERVICE" <u>1940</u>
CORRECT ADDRESS: <u>R1 + E4</u>		NO.	DIR.	NAME <u>SMITHFIELD RD PROV. LINE</u>		TYPE	ZIP CODE	SIG 1 TIME <u>19.14</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K CULLINAN</u>				<u>CAPT. LABBADIA</u>
<u>L SANCHEZ</u>				<u>LT. RICCI</u>
				<u>P. LABBADIA</u>
				<u>S. CAPRACOTTA</u>
				<u>R. DIMARTINO</u>
				<u>F VESCERA</u>
				<u>CAPT. RUSSO</u>

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

This report forwarded to headquarters on October 14th, 1984 by [Signature]

INCIDENT 2100

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"
02400	901824		10	14	84	SUNDAY	12012	2033
CORRECT ADDRESS:	NO	DIR	NAME			TYPE	ZIP CODE	SIG 1 TIME
	2067		MSA				92311	2012

E-1 R-1

COMPILED SERVICE

Acto 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 PUMPHrs.Min.				
	CTC					

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

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

[illegible]

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

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

INCIDENT

Feb 1900

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

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift 1st A Co. No. 1629 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1825			10	15	Monday	2 650	652
CORRECT ADDRESS:	NO.	DIR.	NAME	TYPE	ZIP CODE	SIG 1 TIME		
			Sm PH + TRIO					

E-2-1-4- LAD 1

COMPILED SERVICE

Box Smith + THIRD

(C) SALVAGE COVERS USED

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

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-15, 1954 by Captain Lella

INCIDENT

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002105		10	15	84	Monday	0856	0931
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
	14		BED FERN		FL	02911	0858	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

199 by

by

INCIDENT 2105

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

1988 by

by

INCIDENT

2104

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	601 R28		10	15	84	MONDAY	1530	1545
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	25		Mc GUIRE			R.D.	62911	

E. 1-4-1-1

COMPILED SERVICE

Blau

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

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

[illegible]

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

This report forwarded to headquarters on _____

10-15, 1984 by Dr. Phil Hips
Ell. 1

INCIDENT

902F

Shift

Co. No.

Station No. 10

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001831	0010	15	84	Monday	2	1906	1911
CORRECT ADDRESS:	NO.	DIST.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	Woon.	4	Water			ST.	02911	-

C/V E-2 Brush

COMPILED SERVICE

on box 5/3

(C) SALVAGE COVERS USED

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

(F) OTHER EQUIPMENT

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

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

84 by Capt. Capaldi

INCIDENT

1831

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1627 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001832	Exp. No. 00	MO. 10	DAY 15	YEAR 84	DAY OF THE WEEK Monday	ALARM TIME 2 1911	TIME - "IN SERVICE" 1916
CORRECT ADDRESS: C/BE-3 Box 1515		NO. Woodhaven	DIR. & Barbara ann	NAME Dr		TYPE Dr	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Lt. Cagno</u>				<u>Capt. Capaldi</u>
<u>DeStefano</u>				<u>K. Moyers</u>
				<u>J. Wheeler</u>
				<u>J. Gregson</u>

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

This report forwarded to headquarters on 10/15, 1984 by Capt. Capaldi

INCIDENT

1832

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1628

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002111</u>	Exp. No.	MO. <u>10</u>	DAY <u>16</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>10:42</u>	TIME - "IN SERVICE" <u>11:08</u>
CORRECT ADDRESS:		NO. <u>45</u>	DIR.	NAME <u>STANDISH</u>		TYPE <u>H</u>	ZIP CODE <u>02911</u>	SIG 1 TIME <u>1044</u>

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA ACID		1 1/2 INCH		
	PUMP TANKS		2 1/2 INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.			
	CTC				

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>3-1</u>				<u>Lt. Phillips</u>
<u>Scandariato</u>				<u>Lt. DiGirolamo</u>
<u>Cardarelli</u>				<u>D. Cutler</u>
				<u>G. Zarlenga</u>
				<u>T. Caccia</u>
				<u>J. Silva</u>
				<u>Lt. Calise</u>

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

This report forwarded to headquarters on 10-16-84 by [Signature]

INCIDENT 2111

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

10-16, 19

b

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

This report forwarded to headquarters on 10-16, 1984 by CAPT. MARWELL

INCIDENT

1835

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 163P Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001842</u>	Exp. No.	MO. <u>00</u>	DAY <u>17</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>WED</u>	ALARM TIME <u>4:11:14</u>	TIME - "IN SERVICE" <u>11:28</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		<u>2</u>		<u>STEVEN</u>		<u>ST</u>	<u>12811</u>	

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E 1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Phillips</u>				<u>J. & H. Phillips</u>
<u>A. Caccia</u>				<u>S. Catanzaro</u>
<u>A. Zambora</u>				<u>J. Silva</u>
				<u>J. Calice Jr.</u>

INCIDENT

1842

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

This report forwarded to headquarters on 10-17, 19 84 by J. T. Phillips

Edley

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME	"IN SERVICE"
02400	002116		10	17	84	WED	1114	12	02
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	3		STEVEN			ST	02911	1116	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

1984 by

by

INCIDENT

2112

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002119		10	17	84	WED	4:16	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			BT. 7					1625

SMITH FIELD

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on

10-17, 1984

by

INCIDENT

2119

902F

Fill In This Report In Your Own Words

In Your Own Words

Shift D Co. No. 1634 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. 001847	Exp. No.	MO. 10	DAY 17	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 2136	TIME - "IN SERVICE" 2154
CORRECT ADDRESS:	NO. 74	DIR.	NAME MORGAN			TYPE A.V.	ZIP CODE 02911	SIG 1 TIME

MED/AID

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10/17, 1984 by Capt. Doyle

INCIDENT 00184

902F

Shift D Co. No. 1635 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	2123		10	17	84	Wednesday 7	2136	2150
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	74		MORRIS			44		2138

Rescue Call R-1 + E1

COMPILED SERVICE

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

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

[illegible]

This report forwarded to headquarters on October 17, 19 84 by St. Michael's Cathedral

INCIDENT

2/25

902F

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001849		10	17	84	WEDNESDAY	2229	2242
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1905		MSA			44	22904	

ENG

med - Aid

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10/17, 1984 by Capt Doyle

INCIDENT 001849

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 1637

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 2124	Exp. No.	MO. 10	DAY 17	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 2229	TIME - "IN SERVICE" 2312
CORRECT ADDRESS: 1905 MBR		NO.	DIR.	NAME MBR		TYPE H.V.	ZIP CODE 02901	SIG 1 TIME 2230

RES MED-AID

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO. <u>RES-1</u>	TRUCK NO. <u>Eng.</u>	TRUCK NO. _____	ON SCENE	STATION
<u>PRODERICK</u>	<u>Capt. Doyle</u>			<u>4th Pate</u>
<u>DREED</u>	<u>T. Hunt</u>			<u>S. HORAN</u>
	<u>D. Singleton</u>			<u>P. ROCKELEY</u>
	<u>J. McNeill</u>			<u>D. DeStefano</u>

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

This report forwarded to headquarters on 10/17, 19 84 by P. Roderick

INCIDENT 2124

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME -- "IN SERVICE"
02400	001851		10	18	84	THURSDAY	1544	1547
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	STG 1 TIME
			WENSCOTT Hm & Mearns / New					1546

COMPILED SERVICE

Box 245 Cape Blue

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

f

by

7.

F.

7

Free

44

28

11

INCIDENT

001851

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A

Co. No. 1639

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1854</u>	Exp. No.	MO. <u>10</u>	DAY <u>18</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>52304</u>	TIME - "IN SERVICE" <u>2309</u>
CORRECT ADDRESS: <u>170</u>		NO.	DIR.	NAME <u>WATERMAN</u>		TYPE <u>A</u>	ZIP CODE <u>02911</u>	SIG <u>1</u>

Smoke SCARE Code BLUE

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>E-1</u>	<u>L-1</u>			
<u>Capt L Labbadia</u>	<u>S Capnacotta</u>			<u>K Cullinan</u>
<u>M Labbadia</u>	<u>H F Ricci</u>			<u>L Sanchez</u>
<u>F Vescina</u>	<u>R DiMartino</u>			
<u>P Labbadia</u>				

INCIDENT

1854

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

This report forwarded to headquarters on October 18, 1984 by Ken McCull

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 164P

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2132</u>	Exp. No.	MO. <u>10</u>	DAY <u>19</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>11:42</u>	TIME "IN SERVICE" <u>11:51</u>
CORRECT ADDRESS: <u>623</u>		NO.	DIR.	NAME <u>SMITHFIELD RD</u>		TYPE	ZIP CODE <u>02441</u>	SIG 1 TIME <u>1144</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>P-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. Scandariato</u>				<u>St Phillips</u>
<u>W. Candarilli</u>				<u>St. Peter</u>
				<u>A. Caccin</u>
				<u>B. Cotanzen</u>
				<u>J. Silva</u>
				<u>J. Aulise</u>

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

This report forwarded to headquarters on 10-19, 1984 by _____

INCIDENT 2132

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1642 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2133</u>	Exp. No.	MO. <u>10</u>	DAY <u>19</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>61.338</u>	TIME - "IN SERVICE" <u>14.1.9</u>
CORRECT ADDRESS: <u>98</u>		NO.	DIR.	NAME <u>Jacksonia</u>		TYPE <u>DA</u>	ZIP CODE	SIG 1 TIME <u>13.42</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>H. Scandariato</u>				<u>Lt. Phillips</u>
<u>V. Cardarelli</u>				<u>Lt. Silva</u>
				<u>A. Caccia</u>
				<u>S. Catanzar</u>
				<u>A. Zorunga</u>
				<u>1. Cuhio Jr.</u>
				<u>J. Silva</u>

INCIDENT

2133

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

This report forwarded to headquarters on 10-19-84 by [Signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1643 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>000135</u>	Exp. No.	MO. <u>10</u>	DAY <u>19</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Friday</u>	ALARM TIME <u>6:00</u>	TIME - "IN SERVICE" <u>19:36</u>
CORRECT ADDRESS: <u>12070</u>		NO.	DIR.	NAME <u>Smith</u>		TYPE <u>ST</u>	ZIP CODE	SIG 1 TIME <u>1904</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Gregson</u>				<u>LT. Casano</u>
<u>J. Maxwell</u>				<u>J. Wilson</u>
				<u>J. M. Mays</u>
				<u>D. Destefano</u>
				<u>J. Gregson</u>
				<u>Capt. Russo</u>
				<u>Capt. Maxwell</u>

INCIDENT 000135

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

This report forwarded to headquarters on October 19th, 1984 by John Gregson

902F

Shift

Co. No.

Station No.

☐ Revised Report

MEDICAL AIDS

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

19

by

by John Greyno

INCIDENT

2136

902F

Shift B Co. No. 164B Station No. 1

☐ Revised Report

C/B E-1 Box 5541

(C) SALVAGE COVERS USED

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT 1859

This report forwarded to headquarters on 10/19, 1989 by Capt. Capaldi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift <u>B</u>		Co. No. <u>1647</u>		Station No. <u>1</u>		<input type="checkbox"/> Revised Report	
FD ID 02400	INCIDENT NO. <u>02139</u>	Exp. No.	MO. <u>10</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Saturday</u>	ALARM TIME <u>0110</u>
TIME - "IN SERVICE" <u>0139</u>		CORRECT ADDRESS: <u>19671</u>		NO. <u>1</u>	DIR. <u>M.S.A</u>	NAME <u>(P.D)</u>	SIG 1 TIME <u>00110</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>J. Wheeler</u>				<u>Capt. Capaldi</u>
<u>J. Shegaton</u>				<u>H. Coyno</u>
				<u>K. Mayers</u>
				<u>D. Destefano</u>
				<u>J. McNeil</u>

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

This report forwarded to headquarters on 10/20/, 1984 by J. Wheeler

INCIDENT

02139

902F

Shift B Co. No. 11648 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	2140		10	20	84	Saturday	0139	0226	
CORRECT ADDRESS:		NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
		00004		Chaustone			1A		00145

(C) SALVAGE COVERS USED

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

(F) OTHER EQUIPMENT

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

[illegible]

This report forwarded to headquarters on 10/20, 1984 by J. Wheeler

INCIDENT

2140

902F

Shift C Co. No. 1649 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002143		10	20	84	Saturday 17	0907	09154
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
	71		Colonial Dr.			03904	09101	

E-4 + R-1 MED-AID

COMPILED SERVICE

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

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

[illegible]

This report forwarded to headquarters on October 20, 1984 by D. DiPonio

INCIDENT 002143

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1680 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001864	Exp. No.	MO. 10	DAY 20	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 7 12 51	TIME - "IN SERVICE" 1 3 33
CORRECT ADDRESS: DIGULIO DR.		NO.	DIR.	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME

COMPILED SERVICE

E-1

BRUSH

(A) EXTINGUISHERS			(B) HOSE USED			(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	No.	Floor or Roof	
	FOAM	<u>1</u>	BOOSTER	<u>200</u>			
	SODA ACID	<u>1</u>	1½ INCH	<u>50</u>			
	PUMP TANKS		2½ INCH				
	DRY CHEMICAL		3 INCH				
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. <u>45</u>Min.					
	CTC						

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type	
	LADDER PIPE		AERIAL			<u>300 FT. FORESTRY</u>	
	DELUGE GUN		BANGOR				
	CELLAR PIPE		EXTENSION				
			WALL				
			ROOF				
			FOLDING				

HYDRANTS USED AND TIME			SUCTION HOSE USED		
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE		STATION
<u>E-1</u>					<u>D. CICERONE</u>
<u>CAPT. MARWELL</u>					<u>D. GRESSON</u>
<u>D. DI IORIO</u>					<u>K. LANDRY</u>
<u>LT. CAGNO</u>					<u>J. MCNEIL</u>
<u>D. DESTEFANO</u>					

INCIDENT

1864

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

This report forwarded to headquarters on 10-20-, 1984 by CAPT. MARWELL

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1651 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001865</u>	Exp. No.	MO. <u>10</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>13.01</u>	TIME - "IN SERVICE" <u>13.30</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>MAPLE GARDENS I</u>		TYPE	ZIP CODE <u>02904</u>	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>L-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>D. CICCHONE</u>				<u>CAPT. MARNEIL</u>
<u>D. GRESSON</u>				<u>LT. CAGNO</u>
				<u>D. Di Iorio</u>
				<u>D. DE STEFANO</u>
				<u>K. LANDRY</u>
				<u>J. McNeill</u>

INCIDENT

1865

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

This report forwarded to headquarters on 10-20- 19 84 by _____

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001866		10	20	84	SATURDAY	7 1426	1429
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	39		SIMPSON			ST	02911	1428

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-20, 1974 by CAPT. MARWELL

INCIDENT

1866

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

[illegible]

This report forwarded to headquarters on 10-20-, 1954 by CAPT. MARNEY

INCIDENT

1857

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1654 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002144</u>	Exp. No.	MO. <u>10</u>	DAY <u>20</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SATURDAY</u>	ALARM TIME <u>7:13</u>	TIME - "IN SERVICE" <u>15:15</u>
CORRECT ADDRESS:		NO.	DIR.	NAME <u>No. PROU. H.G.H. School</u>		TYPE	ZIP CODE <u>02904</u>	SIG TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>K. LANDRY</u>				<u>CAPT. MARWELL</u>
<u>J. McNeill</u>				<u>D. Di Iorio</u>
				<u>D. Cicerone</u>
				<u>D. GREENSON</u>
				<u>LX. CAENO</u>
				<u>D. DESTEFANO</u>

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

This report forwarded to headquarters on 10-20- 1984 by CAPT. MARWELL

INCIDENT

0144

SUPPLEMENTARY REPORT

☐ Revised Report

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

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift Co. No. 1636 Station No. ☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	001870		10	20	84	SATURDAY	72139	2152	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	1851		SMITH			ST.	02911		

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-20- 1987 by CFP, MKW

INCIDENT

1870

902F

Fill In This Report In Your Own Words

Shift C Co. No. 1658 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002145		10	20	84	SATURDAY	7 21.39	22.30
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG TIME
	1851		SMITH			ST.	02911	2141

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on Oct. 20, 1954 by H. G. Kandy

INCIDENT

002145

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002147		10	21	84	SUNDAY	512	555
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	88		COTTAGE			4E	02911	535

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on Oct. 21, 1984 by A.G. Lardner

INCIDENT

002147

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1658 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001873</u>	Exp. No.	MO. <u>10</u>	DAY <u>21</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>SUNDAY</u>	ALARM TIME <u>10530</u>	TIME - "IN SERVICE" <u>0539</u>
CORRECT ADDRESS:		NO. <u>88</u>	DIR.	NAME <u>COTTAGE</u>		TYPE <u>ARE</u>	ZIP CODE <u>02911</u>	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO. <u>A-1</u>	TRUCK NO. <u>E1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>SAME AS</u>				
<u># 1654</u>				

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

This report forwarded to headquarters on 10-21-, 1984 by CAPT. MARNEY

INCIDENT 1873

902F

Shift D Co. No. 1685 Station No. 1☐ Revised Report

Resue 1 + Eng 4

(A) EXTINGUISHERS

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

85/80

This report forwarded to headquarters on Oct 21, 1984 by Tsk Ethel Leadwith

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1662 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001877	Exp. No.	MO. 10	DAY 21	YEAR 84	DAY OF THE WEEK SUNDAY	ALARM TIME 12321	TIME — "IN SERVICE" 0138
CORRECT ADDRESS: 7001 Greenville		NO.	DIR.	NAME Town of Johnston		TYPE AV	ZIP CODE	SIG 1 TIME

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Doyle</u>				<u>St. Anthony</u>
<u>St. Ricci</u>				<u>D. Singleton</u>
<u>D. Destifiano</u>				<u>P. Rochelau</u>
<u>J. McNeill</u>				<u>P. Rodenick</u>
				<u>B. Lincoln</u>
				<u>J. Horan</u>

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

This report forwarded to headquarters on 10/21, 19 84 by Capt. Doyle

INCIDENT 001877

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1664 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2159</u>	Exp. No.	MO. <u>10</u>	DAY <u>22</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>2 02:05</u>	TIME - "IN SERVICE" <u>0 2:26</u>
CORRECT ADDRESS: <u>1967</u>		NO.	DIR.	NAME <u>Mineral Spring</u>		TYPE <u>AV</u>	ZIP CODE	SIG 1 TIME <u>0895</u>

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 PUMPHrs.Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>B-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>R. Lincoln</u>				<u>Capt. Dwyer</u>
<u>P. Roderick</u>				<u>L.T. Pante</u>
				<u>S. Hyman</u>
				<u>P. Beckman</u>
				<u>J. McNeil</u>
				<u>P. Angello</u>
				<u>L.J. Ricci</u>
				<u>D. DeStefano</u>

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

This report forwarded to headquarters on Oct 22, 19 84 by Pd. Robert Rodend

INCIDENT 2152

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1665

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1878</u>	Exp. No.	MO. <u>10</u>	DAY <u>22</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Monday</u>	ALARM TIME <u>0811</u>	TIME "IN SERVICE" <u>0815</u>
CORRECT ADDRESS: <u>E 54 2-1</u>		NO. <u>1350</u>	DIR.	NAME <u>MSA</u>		TYPE	ZIP CODE <u>02704</u>	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>2-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>27 E. D. Gendron</u>				<u>CAPT D'Amico</u>
<u>A. J. Longenecker</u>				<u>28. P. Phillips</u>
				<u>W. Cardarelli</u>
				<u>A. Rossi</u>
				<u>S. Catanzano</u>

INCIDENT

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

This report forwarded to headquarters on 10-22, 19 84 by 18 Diguilio
A. Rossi

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"	
02400	002154		10	22	84	Monday	21132	1232	
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME	
	2074		SMITH			ST	02811	1134	

COMPILED SERVICE

MED-AID

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

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

[illegible]

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

This report forwarded to headquarters on

19

bv

INCIDENT I

002154

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

FD-204 (Rev. 12-13-66)

FD ID: 02400 INCIDENT NO. 002156 Exp. No. 10 DAY 22 YEAR 84 DAY OF THE WEEK Monday ALARM TIME 1334 TIME - "IN SERVICE" 1422

Shift P Co. No. 1667 Station No. 1

CORRECT ADDRESS: NO. 77 DIR. Hillside DR. NAME TYPE ZIP CODE 029 SIG 1 TIME 1332

REPORTED BY: [Signature] REPORTED DATE: 12-13-66

R-1-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 PUMPHrs.Min.				
	CTC					

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

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

[illegible]

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

This report forwarded to headquarters on

10-22, 19 84 by St. Phillips
Ely

INCIDENT

002156

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

FD ID		INCIDENT NO.		Exp. No.		MO.		DAY		YEAR		DAY OF THE WEEK		ALARM TIME		TIME - "IN SERVICE"		<input type="checkbox"/> Revised <input checked="" type="checkbox"/> Report	
02400		00881				10		22		84		Monday		2 14 48		14.5.7			
CORRECT ADDRESS:				NO.		DIR.		NAME				TYPE		ZIP CODE		SIG 1 TIME			
								MSA & SUNSET						02911					

R-1-E-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 PUMPHrs.Min.				
	CTC					

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

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

[illegible]

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

This report forwarded to headquarters on 10-22, 1954 by Capt. J. N. [Signature]

INCIDENT

1881

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

AUTO ACC

SUCTION HOSE USED

This report forwarded to headquarters on

199 by

by

INCIDENT

002158

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME — "IN SERVICE"
02400	002164		10	23	84	TUESDAY	1232	1324
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	20		MC GUIRE			RD	02911	1233

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

002164

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1687

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002165	Exp. No.	MO. 10	DAY 24	YEAR 84	DAY OF THE WEEK Wed.	ALARM TIME 4 08 28	TIME - "IN SERVICE" 0 9 29
CORRECT ADDRESS:		NO. 1155	DIR.	NAME Douglas		TYPE AV	ZIP CODE 02904	SIG 1 TIME 0832

Medwob Aid

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME _____ SUCTION HOSE USED _____

TRUCK NO. <u>A-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<i>H.P. Phillips</i>				<i>Capt. D'Amico</i>
<i>A. Rossi</i>				<i>Det. Di Giulio</i>
				<i>Sgt. Colucci</i>
				<i>B. Cardanelli</i>
				<i>S. Catanzaro</i>
				<i>A. Zarlengo</i>
				<i>J. Silva</i>

INCIDENT

002165

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

This report forwarded to headquarters on 10/24, 1984 by H.P. Phillips

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001886		10	24	84	WED	40904	0915
CORRECT ADDRESS	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET			A	62911	

ASSIST RES2

COMPILED SERVICE

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

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

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

[illegible]

INCIDENT

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

This report forwarded to headquarters on

19 4 by

Супт Н. Аманд
Е. Н. Р.

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift _____

Co. No. 1673

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 092168	Exp. No.	MO. 10	DAY 24	YEAR 84	DAY OF THE WEEK WEDNESDAY	ALARM TIME 4 12 45	TIME - "IN SERVICE" 1 3 22	
CORRECT ADDRESS:			NO. 1353			DIR. DOUGLAS		NAME DOUGLAS	
			TYPE AN			ZIP CODE		SIG 1 TIME 1242	

E-4, R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
R-1				
LT. PHILLIPS				CPT. D'AMICO
A. Rossi				LT. DIGIULIO
				LT. CALISE
				J. SILVA
				W. CARDARELLI
				A. ZARLenga
				S. CATANZARO

INCIDENT

002168

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

This report forwarded to headquarters on Oct. 24, 19 84 by LT. P. Phillips

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"	
02400	2172		60	23	84	Wednesday 4	1848	1944	
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME	
				NO PROV E.R				1848	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19.

bv

INCIDENT 211

2172

902F

Shift C Co. No. 1675 Station No. 1☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002173		10	24	84	WEDNESDAY	172022	2100
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			MARIE GARDENS				029111	2024

R-1 MED-AID

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on October 24, 1984 by J.C. Hardy

INCIDENT

00213

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001891		10	25	84	Thursday	1245	1307
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	415		SUNSET			AV	02911	

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

INCIDENT

189

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

This report forwarded to headquarters on 10-25, 1961 by _____

INCIDENT

002177

902F

Shift

Co. No.

Station No.

☐ Revised Report

Res. 1

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

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

This report forwarded to headquarters on

19

by

INCIDENT

902F

Shift D Co. No. 1678 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001892		10	25	84	Thursday	52017	2130
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Smith + Woonasontucket				02911	2119

F-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 PUMPHrs.Min.				
	CTC					

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

[illegible]

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

This report forwarded to headquarters on 10/25, 1984 by Capt. Doyle

INCIDENT 001892

Fill In This Report In Your Own Words

Shift D Co. No. 1680 Station No. 1

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	2180		10	25	84	Thursday 5	2117	2144
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			Smiths Wagoner Market				02911	2119

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 PUMPHrs.Min.				
	CTC					

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

[illegible]

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

This report forwarded to headquarters on Oct. 25, 1984 by Patricia K. K...

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 1681

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1894</u>	Exp. No.	MO. <u>10</u>	DAY <u>25</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Thursday</u>	ALARM TIME <u>521</u>	TIME - "IN SERVICE" <u>0030</u> <u>231221</u> <u>LA</u>
CORRECT ADDRESS:		NO. <u>25</u>	DIR.	NAME <u>Mc Guire</u>		TYPE <u>Rd</u>	ZIP CODE <u>02904</u>	SIG 1 TIME

E-1,4,3 L-1 SS. E-2, L-2 R-1,2,3 C-2,3,4,5 **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		4	Scotts	
	SODA ACID	1	1½ INCH	150ft.	1	Halkigan tool	
	PUMP TANKS		2½ INCH				
	DRY CHEMICAL		3 INCH				
	CARBON DIOXIDE	WORKING TIME OF PUMP					
	CTC						
	Hrs.30.....Min.					

(D) MASTER STREAM APPLIANCES			(E) LADDER USED			(F) OTHER EQUIPMENT	
No.	Type	No.	Type	Total Ft.	No.	Type	
	LADDER PIPE	✓	AERIAL	60ft.	2	Smoke ejectors	
	DELUGE GUN		BANGOR		300ft	Cord	
	CELLAR PIPE	1	EXTENSION	24ft	2	Axes	
			WALL		1	pipe pole	
			ROOF				
			FOLDING				

HYDRANTS USED AND TIME			SUCTION HOSE USED		
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE		on scene STATION
<u>Eng</u>	<u>Lad</u>	<u>Res</u>			
<u>Capt. Doyle</u>	<u>Lt. Ponte</u>	<u>P. Roderick</u>	<u>Capt. Marwell</u>	<u>J. Grande</u>	
<u>T. Hunt</u>	<u>D. Singleton</u>	<u>D. Destefano</u>	<u>Capt. Capaldi</u>	<u>D. Bazzle</u>	
		<u>D. Reed</u>	<u>Lt. Cagno</u>	<u>T. Perna</u>	
			<u>Lt. Ricci</u>	<u>S. Horan</u>	
			<u>Lt. Cicerone</u>		
			<u>S. Capracotta</u>		
			<u>J. Gregson</u>		
			<u>K. Erickson</u>		
			<u>D. DiTorio</u>		
			<u>J. Murphy</u>		
			<u>H. Darby</u>		
			<u>E. Bazzle</u>		

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

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

INCIDENT

1894

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID 02400	INCIDENT NO. 2187	Exp. No.	MO. 10	DAY 25	YEAR 84	DAY OF THE WEEK Thursday	ALARM TIME 523.07	TIME — "IN SERVICE" 23.24
CORRECT ADDRESS:	NO. 29	DIR.	NAME Maguire Rd			TYPE	ZIP CODE 02911	SIG 1 TIME 2307

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on 10/25/89, 1989 by J. G. K. K. K.

INCIDENT

2/87

902F

Fill In This Report In Your Own Words

In Your Own Words

Shift D Co. No. 1689 Station No. 1 ☐ Revised Report

FD ID <u>02400</u>	INCIDENT NO. <u>2188</u>	Exp. No.	MO. <u>10</u>	DAY <u>2</u>	YEAR <u>58</u>	DAY OF THE WEEK <u>THURSDAY</u>	ALARM TIME <u>2353</u>	TIME — "IN SERVICE" <u>0026</u>
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME <u>0003</u>

MIRIAM to MAPLE GARO.

COMPILED SERVICE

R-1

00/9

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

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

[illegible]

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

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

INCIDENT

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

In Your Own Words

Shift P Co. No. 1678 Station No. 11 ☐ Revised Report

FD ID	INCIDENT NO	Exp. No.	MO	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME "IN SERVICE"
02400	002189		11	25	84	Friday	6:07.45	08:47
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	297		DREYER RD			OR	29111	8:24.8

E1, R2 P.3 (S.S.)

COMPILED SERVICE

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

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

[illegible]

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

This report forwarded to headquarters on 10/26/84, 1984 by A. Rossi (JH)

INCIDENT

2187

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

HYDRANTS USED AND TIME

SUCTION HOSE USED

This report forwarded to headquarters on

19

by

by H. De Guelio

INCIDENT I

SUPPLEMENTARY REPORT

INCIDENT 002-170

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1688

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002191</u>	Exp. No.	MO. <u>10</u>	DAY <u>26</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>FRIDAY</u>	ALARM TIME <u>6:13.13</u>	TIME — "IN SERVICE" <u>1:35.9</u>
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
				<u>37 MEADOW VIEW</u>		<u>1810</u>	<u>02909</u>	<u>13:16</u>

R-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME			SUCTION HOSE USED	
TRUCK NO.	TRUCK NO.	TRUCK NO.	ON SCENE	STATION
<u>R-1</u>				
<u>W. CARDARELLI</u>				<u>CPT. D'AMICO</u>
<u>A. ROSSI</u>				<u>LT. DIGIULIO</u>
				<u>J. SILVA</u>
				<u>L. CALISE</u>
				<u>S. CATANZARO</u>
				<u>A. ZARLENGA</u>

INCIDENT

2/91

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

This report forwarded to headquarters on 10/26/, 19 84 by A. Rossi

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift 1st Co. No. 1689 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 992193	Exp. No.	MO. 10	DAY 26	YEAR 84	DAY OF THE WEEK FRIDAY	ALARM TIME 21:22	TIME - "IN SERVICE" 21:42
CORRECT ADDRESS:		NO.	DIR.	NAME NPPD Hdqts.		TYPE	ZIP CODE	SIG 1 TIME 21:22

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>L. SANCHEZ</u>				<u>CAPT. LABBADA</u>
<u>K. CULLINAN</u>				<u>LT. RICCI</u>
				<u>P. LABBADA</u>
				<u>S. CAPRICOTTA</u>
				<u>F. VESSERA</u>
				<u>M. LABBADA</u>
				<u>R. DWARTINO</u>

INCIDENT

2193

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

This report forwarded to headquarters on October 26th, 19 84 by [Signature]

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift A Co. No. 1620 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 092196	Exp. No.	MO. 10	DAY 27	YEAR 84	DAY OF THE WEEK Saturday	ALARM TIME 0340	TIME - "IN SERVICE" 0819
CORRECT ADDRESS:		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME
		10196		Mineral Spring Ave				0344

R1+CS

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>L. SANCHEZ</u>				<u>CAPT. LABBADIO</u>
<u>K EULLINAN</u>				<u>LT. RICCI</u>
				<u>P. LABBADIO</u>
				<u>S. CAPRACOTTA</u>
				<u>R. DWARTINO</u>
				<u>F. VESCERA</u>
				<u>M. LABBADIO</u>

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

This report forwarded to headquarters on October 27th, 19 84 by [Signature]

INCIDENT

0196

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B Co. No. 1687 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002197	Exp. No.	MO. 10	DAY 27	YEAR 84	DAY OF THE WEEK SATURDAY	ALARM TIME 0740	TIME -- "IN SERVICE" 0810
CORRECT ADDRESS: 171 761 Bicentennial A-3		NO.	DIR.	NAME		TYPE	ZIP CODE	SIG 1 TIME 0743

Res 1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>L. SANZHEZ</u>				<u>CAPT. LABBADIA</u>
<u>R. DIMARINO</u>				<u>CAPT. CAPALDI</u>
				<u>J. GRANDE</u>
				<u>D. DESTEFANO</u>
				<u>P. LABBADIA</u>
				<u>LY. RICCI</u>
				<u>M. LABBADIA</u>
				<u>J. GREGSON</u>

INCIDENT

0194

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

This report forwarded to headquarters on October 27, 19 84 by [Signature]

902F

Shift

Co. No.

Station No.

☐ Revised Report

COMPILED SERVICE

(F) OTHER EQUIPMENT

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on October 21st, 1987 by Isk Isay

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C

Co. No. 1689

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002202	Exp. No.	MO. 10	DAY 29	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 203230	TIME - "IN SERVICE" 0354
CORRECT ADDRESS: 380		NO.	DIR.	NAME SUNSET		TYPE AVE.	ZIP CODE 02904	SIG 1 TIME 0330

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA ACID		1 1/2 INCH		
	PUMP TANKS		2 1/2 INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.			
	CTC				

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. <u>E-1</u>	TRUCK NO. _____	ON SCENE	STATION	
<p>SAME AS Co.</p> <p># 1690</p>					

INCIDENT

2202

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

This report forwarded to headquarters on 10/29, 19 84 by K. Erickson

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift C Co. No. 1694 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 001901	Exp. No.	MO. 10	DAY 29	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 20342	TIME — "IN SERVICE" 0354
CORRECT ADDRESS: 380		NO.	DIR.	NAME SUNSET		TYPE AVE.	ZIP CODE 02904	SIG 1 TIME

COMPILED SERVICE

(A) EXTINGUISHERS		(B) HOSE USED		(C) SALVAGE COVERS USED	
No.	Type	No.	Size	Total Ft.	Floor or Roof
	FOAM		BOOSTER		
	SODA ACID		1 1/2 INCH		
	PUMP TANKS		2 1/2 INCH		
	DRY CHEMICAL		3 INCH		
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs.Min.			
	CTC				

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. <u>E-1</u>	TRUCK NO. _____	ON SCENE	STATION
<u>K. ERICKSON</u>	<u>CAPT. MARNEY</u>			<u>LT. RICCI</u>
<u>B. HINES</u>	<u>D. DI IORIO</u>			<u>D. GREEN</u>
	<u>D. CICERONE</u>			<u>P. LABBADIA</u>
				<u>K. LANDRY</u>

INCIDENT

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

This report forwarded to headquarters on 10-29-84 by CAPT. MARNEY

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

Revised Report

FD ID 02400	INCIDENT NO. 001902	Exp. No.	MO. 10	DAY 29	YEAR 84	DAY OF THE WEEK MONDAY	ALARM TIME 21258	TIME - "IN SERVICE" 1303	
CORRECT ADDRESS:		NO. 2099	DIR.	NAME MINERAL SPRINGS			TYPE TV	ZIP CODE 02911	SIG 1 TIME

E14-F-1 ✓ *E14 F-1* COMPILED SERVICE

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO.

TRUCK NO.

TRUCK NO.

ON SCENE

STATION

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

This report forwarded to headquarters on

19 by

bv

INCIDENT

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D

Co. No. 1696

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>2207</u>	Exp. No.	MO. <u>10</u>	DAY <u>29</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>2213</u>	TIME - "IN SERVICE" <u>1894</u>
CORRECT ADDRESS: <u>29</u>		NO.	DIR.	NAME <u>McGUIRE</u>		TYPE <u>RD</u>	ZIP CODE <u>02904</u>	SIG 1 TIME <u>1814</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>P. RODRICK</u>				<u>LT. CAGGIO</u>
<u>J. McNIELL</u>				<u>LT. Ricci</u>
				<u>LT. PONTE</u>
				<u>P. LABBARDIA</u>
				<u>T. HUNT</u>
				<u>CAPT. MARSHALL</u>
				<u>J. LAURIE</u>

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

This report forwarded to headquarters on Oct 29, 19 84 by RH. Patrick Talbot

INCIDENT 2207

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift D Co. No. 1693 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>1903</u>	Exp. No.	MO. <u>10</u>	DAY <u>29</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>MONDAY</u>	ALARM TIME <u>21817</u>	TIME — "IN SERVICE" <u>1831</u>
CORRECT ADDRESS: <u>23</u>		NO.	DIR.	NAME <u>Mc GUIRE</u>		TYPE <u>PD</u>	ZIP CODE <u>02504</u>	SIG 1 TIME

SS E-1

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME				SUCTION HOSE USED			
TRUCK NO.	TRUCK NO.	TRUCK NO.		ON SCENE	STATION		
<u>E-1</u>	<u>R-1</u>				<u>Capt MARWELL</u>		
<u>LT PONTE</u>	<u>P RODRICK</u>				<u>LT CAGLIO</u>		
<u>T HUNT</u>	<u>J McNeill</u>				<u>LT Ricci</u>		
<u>P LABBADIA</u>							
<u>J LAURIE</u>							

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

This report forwarded to headquarters on 10-29, 19 84 by LT. R. Ponte

INCIDENT

1903

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	1905		10	25	84	MONDAY	22013	2016
CORRECT ADDRESS:	NO.	DIR.	NAME		TYPE		ZIP CODE	SIG
			BOX 132		SMITH + FENWAY		02911	12015

E-1,2,4 2-1

COMPILED SERVICE

2/15

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on 10-29-84, 1984 by L.T. Rice

INCIDENT

1905

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift "D" Co. No. 1698 Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 11906	Exp. No.	MO. 10	DAY 30	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 0001	TIME - "IN SERVICE" 0013
CORRECT ADDRESS: 21160 SPRING DALE APT		NO.	DIR.	NAME		TYPE	ZIP CODE 02911	SIG 1 TIME

E-1 INVESTIGATION C/Y **COMPILED SERVICE** INVESTIGATION

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

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

HYDRANTS USED AND TIME SUCTION HOSE USED

TRUCK NO. <u>ENG-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>CRPT DOYLE</u>				<u>LT. PONTE</u>
<u>T. HUNT</u>				<u>LT. RICCI</u>
<u>P. LABBADA</u>				<u>S. HOBAN</u>
				<u>D. REED</u>
				<u>P. RODERICK</u>
				<u>P. ROCHELEAU</u>

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

This report forwarded to headquarters on 10-30-84, 1984 by LT. R. PONTE

INCIDENT

1984

902F

Shift

Co. No.

Station No. _____

☐ Revised Report

COMPILED SERVICE

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENTHYDRANTS USED AND TIME

SUCTION HOSE USED

INCIDENT

This report forwarded to headquarters on

_, 19 87 by

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P

Co. No. 1600

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. 002212	Exp. No.	MO. 10	DAY 30	YEAR 84	DAY OF THE WEEK TUESDAY	ALARM TIME 1146	TIME - "IN SERVICE" 1218
CORRECT ADDRESS:		NO.	DIR.	NAME No. Prov. Emergency Rm.		TYPE	ZIP CODE 02904	SIG 1 TIME 1147

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME _____ SUCTION HOSE USED _____

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>A. Rossi</u>				<u>CAPT D'AMICO</u>
<u>LT. P. Phillips</u>				<u>LT. E DiGiulio</u>
				<u>W. CARDARELLI</u>
				<u>S. CATANZARO</u>
				<u>D. BAZZLE</u>
				<u>J. SILVA</u>
				<u>LT. CALISE</u>

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

This report forwarded to headquarters on OCT. 30, 19 84 by LT. P. Phillips

INCIDENT 002212

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift P Co. No. 1002 Station No. 1 ☐ Revised Report

FD ID 02400	INCIDENT NO. <u>002213</u>	Exp. No.	MO. <u>10</u>	DAY <u>30</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>TUESDAY</u>	ALARM TIME <u>14.03</u>	TIME - "IN SERVICE" <u>14.57</u>
CORRECT ADDRESS:	NO. <u>72</u>	DIR.	NAME <u>ANDOVER</u>			TYPE <u>ST</u>	ZIP CODE <u>02907</u>	SIG 1 TIME <u>1405</u>

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>R-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>A. Rossi</u>				<u>LT. P. Phillips</u>
<u>S. CATANZARO</u>				<u>LT. E. DiGiulio</u>
				<u>W. CARDARELLI</u>
				<u>D. BAZZLE</u>
				<u>J. SILVA</u>
				<u>LT. L. CALISE</u>

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

This report forwarded to headquarters on OCT. 30, 19 84 by A. Rossi

INCIDENT

2213

902F

Shift

Co. No.

Station No.

☐ Revised Report

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

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

INCIDENT

222 1/4

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No. _____

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	002215		10	30	84	Tuesday	20:36	20:55
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	1303		Mineral Spring					3:03.8

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

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

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

[illegible]

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

This report forwarded to headquarters on

19

by

by Frank P. Vernon

INCIDENT

002215

SUPPLEMENTARY REPORT

Fill In This Report In Your Own Words

Shift

Co. No.

Station No

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	00191009		10	31	84	WED	4 00 28	0 0 32
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
			CRAYSTONE JUNCTION				02511	0031

Box Alarm

c/B

COMPILED SERVICE E-1 42 41

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

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

[illegible]

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

This report forwarded to headquarters on _____, 19____ by ST (X) cc/

INCIDENT

0/000

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 1706

Station No. 1
☐ Revised Report

FD ID 02400	INCIDENT NO. 001913	Exp. No. 0010	MO. 31	DAY 84	YEAR Wednesday 4	DAY OF THE WEEK 1853	ALARM TIME 18.56	TIME - "IN SERVICE" 18.56
CORRECT ADDRESS: Stella & Elmore		NO. 1	DIST. 1	NAME St. 02911		TYPE 1	ZIP CODE 1856	SIG 18.56

c/B E-1 Box 128

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Capaldi</u>				<u>Capt. Morwell</u>
<u>K. Mayers</u>				<u>Lt. Cogno</u>
				<u>D. DeStefano</u>
				<u>J. Wheeler</u>
				<u>J. Gregson</u>
				<u>D. Gregson Sr.</u>

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

This report forwarded to headquarters on 10/31, 1984 by Capt. Capaldi

INCIDENT 1913

NORTH PROVIDENCE FIRE DEPARTMENT

SUPPLEMENTARY REPORT

902F

Fill In This Report
In Your Own Words

Shift B

Co. No. 1703

Station No. 1

☐ Revised Report

FD ID 02400	INCIDENT NO. <u>001916</u>	Exp. No. <u>00</u>	MO. <u>10</u>	DAY <u>31</u>	YEAR <u>84</u>	DAY OF THE WEEK <u>Wednesday</u>	ALARM TIME <u>4 2022</u>	TIME - "IN SERVICE" <u>2041</u>
CORRECT ADDRESS <u>2227 M.S.A.</u>		NO.	DIR.	NAME <u>M.S.A. + by pass</u>		TYPE <u>Av</u>	ZIP CODE <u>02911</u>	SIG TIME <u>2023</u>

C/Y E-1 rubbish/Brush **COMPILED SERVICE**

(A) EXTINGUISHERS

(B) HOSE USED

(C) SALVAGE COVERS USED

No.	Type	No.	Size	Total Ft.	No.	Floor or Roof
	FOAM	<u>1</u>	BOOSTER	<u>100'</u>		
	SODA ACID		1½ INCH			
	PUMP TANKS		2½ INCH			
	DRY CHEMICAL		3 INCH			
	CARBON DIOXIDE	WORKING TIME OF PUMPHrs. <u>10</u> Min.				
	CTC					

(D) MASTER STREAM APPLIANCES

(E) LADDER USED

(F) OTHER EQUIPMENT

No.	Type	No.	Type	Total Ft.	No.	Type
	LADDER PIPE		AERIAL		<u>1</u>	<u>Pick pole</u>
	DELUGE GUN		BANGOR		<u>1</u>	<u>hand light</u>
	CELLAR PIPE		EXTENSION			
			WALL			
			ROOF			
			FOLDING			

HYDRANTS USED AND TIME

SUCTION HOSE USED

TRUCK NO. <u>E-1</u>	TRUCK NO. _____	TRUCK NO. _____	ON SCENE	STATION
<u>Capt. Capaldi</u>				<u>Dept. Chief</u>
<u>H. Mayers</u>				<u>Capt. Ruggiano</u>
<u>Lt. Ricci</u>				<u>Lt. Ceyng</u>
				<u>D. DeStefano</u>
				<u>J. Wheeler</u>
				<u>J. Gregson</u>
				<u>J. Casalino</u>

INCIDENT

1916

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

This report forwarded to headquarters on 10/31, 1984 by Capt. Capaldi

902F

Shift

Co. No.

Station No.

☐ Revised Report

FD ID	INCIDENT NO.	Exp. No.	MO.	DAY	YEAR	DAY OF THE WEEK	ALARM TIME	TIME - "IN SERVICE"
02400	001917	00	10	31	84	Wednesday	4 2106	2110
CORRECT ADDRESS:	NO.	DIR.	NAME			TYPE	ZIP CODE	SIG 1 TIME
	Sherwood & Berwick					Av	02911	2109

C/B E-1 Box 125

COMPILED SERVICE

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

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

HYDRANTS USED AND TIME	SUCTION HOSE USED
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[illegible]

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

This report forwarded to headquarters on

1984 by Capt. Copaldi

INCIDENT