



HALESITE F.D. SIREN



Volume 23 Number 1 • Hot Line: (631) 427-7250 • Non-Emergency: (631) 427-1910 • Summer, 2020

FUND DRIVE 2020

The Halesite Fire Department Annual Fund Drive for 2020 has begun. Each year we ask residents to support the volunteers with donations to the Fund Drive. While tax dollars pay for equipment, maintenance, dispatchers' salaries, fire hydrant rental, and other operating expenses, many activities of the department are dependent upon residents' donations. Donations pay for athletic teams, insurance, death benefits, refreshments, and community functions such as our Blood Drives, Drug Awareness Program, and holiday party for fire district children in December.

We begin the Fund Drive each summer with a mailing to residents and have subsequent mailings later in the year. In October we may conduct a door to door canvas of addresses in the fire district. *We never solicit over the telephone.* If you would like to make a donation, please use the enclosed, postage paid return envelope. Note that the Corona Relief Act adds new tax benefits for taxpayers donating to EMS organizations. Your tax advisor can provide details.

Thank you for your support.



HALESITE F.D.

WEBSITE

Check out the Halesite Fire Department website:

www.halesitefd.org

There is a wealth of information at this site including department history, current F.D. news and upcoming events, recent alarms, fire safety and prevention tips, membership information, details about our Junior Firefighter Program, and a fire department photo gallery.

You can also sign up for periodic e-mail alerts and you can contact our Chiefs.

COVID-19

The Volunteers of the Halesite Fire Department have provided emergency medical services since 1967, when our first ambulance was purchased. Regardless of weather or time of day or night, we have responded to your calls for help. We have responded during past medical crises such as those involving Ebola, SARS, and MERS, and we continue to answer your calls during the coronavirus (COVID-19) pandemic. Following protocols established by New York State, Suffolk County, and Huntington Hospital, our medics, EMTs, and members will be there when you need us. For the latest information about the coronavirus, go to: www.cdc.gov.



RED LIGHTS & SIRENS

Under NYS law, when approached (*from the front or rear*) by an emergency vehicle whose lights and siren are activated, the driver of every other vehicle must yield the right of way.

In yielding the right of way within the Halesite Fire District, you must drive immediately to the right hand edge or curb of the roadway, parallel to the roadway, and clear of any intersection.



WHERE'S THE EXIT

This past March marked the 30th anniversary of the Happy Land Social Club fire in the Bronx that in minutes killed 87 people. The fire was intentionally set and spread so fast that some victims still had drinks in their hands. Bodies were piled up on the dance floor, their faces covered with black soot.

Whenever you enter a restaurant, club, or any indoor gathering, look for exit signs. Find not only the nearest exit, but also alternative exits, as soon as you settle in.

VOLUNTEERS NEEDED.

WE WILL TRAIN YOU

Do you know who responds when you call 911? Your friends and neighbors who are members of the 100% volunteer Halesite Fire Department. Today the department consistently responds to more calls each year, but membership levels have stayed the same. To join, all you have to do is give your time; we do the rest to train you to save a home from fire or save a life. You will learn critical skills like CPR and fire safety, as well as the use of ladders, power saws, hoses, etc. You also get a chance to learn to drive our apparatus.

There are approximately 1,160,000 firefighters in the United States.
70% are volunteers.

The Halesite Fire Department has been helping neighbors since 1901. Now, more than ever, we need volunteers to maintain the tradition of providing a valuable service to the community.

If you are interested in helping your community, please send an e-mail message to:

recruit@halesitefd.org

or call the firehouse at 631.427.1910 and leave a message for a Chief.

To contact the
Halesite Fire Department
in a
Fire or Medical Emergency
dial

1 (631) 427-7250

and give the dispatcher your
name, address, and
nature of the emergency

Be as precise as possible.
For example, there are many
addresses that contain "Bay":
Bay Avenue, Bay Drive,
Bay Place, Bay Road, etc.

EMERGENCY MEDICAL INFORMATION LIST

Every week EMTs from Halesite F.D. respond to medical emergencies where the patient's important medical information - history (diabetes, heart issues, respiratory problems), medical allergies, medications - is not available. Typical excuses (if the patient is responsive) are "My wife has that information" or "My doctor knows". If the wife or doctor is not available, we have to take the patient to the emergency department without this critical information. ***Without this information, treatment will be delayed!***



One way to avoid unnecessary delays is to have a list of medical information attached to your refrigerator or on a medical alert bracelet or necklace. Emergency personnel are trained to look on a refrigerator and for medical alert tags.

Plan ahead and have this information available before it is needed and remember to keep it up to date.



BLOOD DRIVE SET FOR AUGUST 20



The Halesite Fire Department will host its annual summer blood drive on Thursday, August 20. Donating takes only about one hour and steak dinners will be served.

Give the gift of life this summer.

SEPSIS IS A MEDICAL EMERGENCY

On Thursday morning, nine month old Julie woke up with fever. Her mom gave the baby Tylenol, but the fever rose to 103 degrees and Julie was cranky. At the pediatrician's office, she tested negative for both flu and strep; and the doctor told mom that there a virus going around. Thursday evening, Julie had episodes of vomiting and became lethargic. On Friday, she was taken to the emergency room where she was diagnosed with dehydration and discharged after being given fluids and nausea medication. Friday night, Julie's still had a fever, and continued to vomit. Early Saturday morning, she returned to the ER, where tests were ordered, more fluids and medications were administered, and she was intubated. All of these efforts failed to save her. Julie, who was fine on Wednesday, died on Saturday.

This is a true story; Julie was a real person. She died from **sepsis**, the body's life-threatening reaction to infection.

Sepsis is a potentially life-threatening complication of an infection, and it begins as the body attempts to fight the underlying infection. Our immune system usually works to prevent and fight infections. In some cases, however, the immune system instead releases chemicals that can damage multiple organs including lungs (difficulty breathing), liver (abnormal liver tests), kidneys (little or no urinary output) and brain (altered mental status). Any type of infection - a simple skin infection from a cut, an infected mosquito bite, a case of the flu, or even basic dental work - can lead to sepsis.

Sepsis should be treated as a medical emergency, but it is difficult to diagnose. Many symptoms - fever, chills, fatigue, nausea, pain, confusion, rash, convulsion, lethargy - are common to many conditions. Additional symptoms that are key indicators of sepsis in adults are increased respiratory rate (greater than 20), increased heart rate (greater than 90), and low systolic blood pressure (below 90). There is no one test that diagnoses sepsis. Nearly all patients with severe sepsis will need to be admitted to an ICU.

Without treatment - at least IV fluids and antibiotics - sepsis can cause organ failure, amputation, and death. 40% of patients diagnosed with severe sepsis do not survive. One in three patients who die in a hospital has sepsis.

Anyone can get an infection and any infection can lead to sepsis. It's most common and most dangerous in very young children, older adults, or those with weakened immune systems. Early treatment of sepsis, usually with antibiotics and large amounts of intravenous fluids, improves chances for survival.

For more sepsis information:

www.sepsis.org
www.cdc.gov/sepsis/index.html;
www.rorystauntonfoundationforsepsis.org

YOUR HELP NEEDED WITH CARDIAC ARREST

- ◆ 90% of Out of Hospital Cardiac Arrest Patients Do Not Survive
- ◆ Only 38% receive CPR from a bystander
- ◆ Only 6% are treated with an AED

You and your family members should learn **Hands-Only CPR** and how to use an AED.

HANDS-ONLY CPR

FOR WITNESSED SUDDEN COLLAPSE



1.

CHECK and CALL

1. **CHECK** the scene, then **CHECK** the person.
2. Tap on the shoulder and shout, "Are you okay?" and quickly look for breathing.
3. **CALL** 9-1-1 if no response.
4. If unresponsive and not breathing, **BEGIN CHEST COMPRESSIONS**.

TIPS:

- Whenever possible use disposable gloves when giving care.
- Occasional gasps are not breathing.



2.

GIVE CHEST COMPRESSIONS

1. Place the heel of one hand on the center of the chest.
2. Place the heel of the other hand on top of the first hand, lacing your fingers together.
3. Keep your arms straight, position your shoulders directly over your hands.
4. Push hard, push fast.
 - Compress the chest at least 2 inches.
 - Compress at least 100 times per minute.
 - Let the chest rise completely before pushing down again.
5. Continue chest compressions.



3.

DO NOT STOP

Except in one of these situations:

- You see an obvious sign of life (breathing).
- Another trained responder arrives and takes over.
- EMS personnel arrive and take over.
- You are too exhausted to continue.
- An AED is ready to use.
- The scene becomes unsafe.

AED

AUTOMATED EXTERNAL DEFIBRILLATOR

If an AED is available:

1. Turn on AED.
2. Wipe chest dry.
3. Attach the pads.
4. Plug in connector, if necessary.
5. Make sure no one is touching the individual.
6. Push the "Analyze" button, if necessary.
7. If a shock is advised, push the "Shock" button.
8. Perform compressions and follow AED prompts.

Go to redcross.org or call your chapter to sign up for training in full CPR, First Aid, Babysitter's Training, Pet First Aid and much more.

STOP THE BLEED - SAVE A LIFE

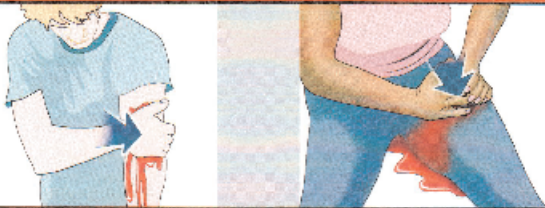
You didn't see the car coming; it happened so fast and without any warning. Momentarily dazed from the impact, you now see the door on the passenger side of your car has been crushed and a large piece of window glass has sliced through your daughter's arm. Bright, red blood is spurting from her upper arm. You are unhurt, but your daughter is screaming, as she sees her blood spreading all over the inside of the car. You can see that she is losing a lot of blood and there is no sign that the bleeding is slowing down. You know that it will be several minutes before medical help arrives; and you also know that unless you do something quickly, she will bleed to death before help arrives. What do you do?



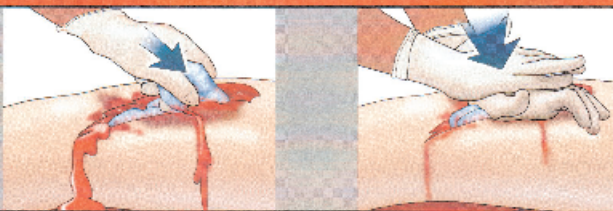
SAVE A LIFE



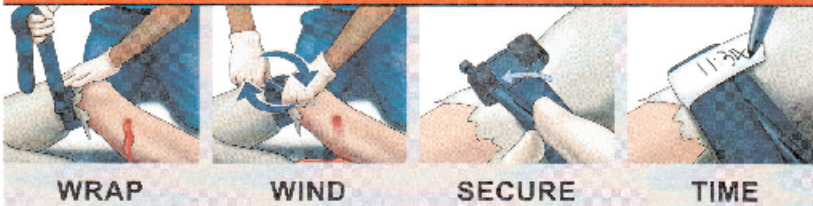
1 APPLY PRESSURE WITH HANDS



2 APPLY DRESSING AND PRESS



3 APPLY TOURNIQUET



CALL 911

Scenarios like this – bleeding from motor vehicle crashes, home / workplace accidents, mass shootings, or terrorist attacks – occur daily, making hemorrhage the most common cause of preventable death in trauma.

Your first priority is to ensure that the scene is safe for both you and your daughter. You may have to move her to safety, especially if you are in a dangerous position on a highway. Your next priority is to quickly stop the bleeding. Without a medical or trauma kit that contains bleeding control gauze and a tourniquet, your options are limited. First expose the wound and pack it with a cloth (preferably a clean cloth) and firmly apply direct pressure. If this does not stop the bleeding, find something that is available to use as a tourniquet: a tie, scarf, towel, webbing – something about 1.5 to 2 inches wide. Anything thinner might not stop bleeding as well, plus it might cause nerve damage. If something thin is all you have, use it; it will be better than nothing. A belt might be the right width, but it will likely be difficult to tighten enough to control bleeding. Again, if it is all you have, use it.

The tourniquet should be applied 2-3 inches above the wound (towards the heart) but over bone, not over a knee or elbow; go above the joint. Tighten the tourniquet with a knot, and with the loose ends, secure a windlass on top of the knot. A strong stick, screwdriver, pipe, or tire iron can be used as a windlass. Twist it tightly until bleeding stops. Do not be distracted when the victim complains about pain. A properly placed tourniquet will be painful, but hemorrhage

control, not pain relief, is your top priority. Secure the windlass and do not allow pressure to be relaxed. Note the time you applied the tourniquet. Contrary to past belief, a tourniquet can be left in place for at least two hours before nerve damage could be experienced.

Learn how to control bleeding for the safety not only of you and your family, but also of members of clubs, schools, houses of worship, and other groups with which you are associated. Advocate for "Stop The Bleed" kits that should be as readily available as Automated External Defibrillators (AED). In fact, some organizations are placing bleeding control gauze and tourniquets inside public access AED boxes and labeling the boxes with "Stop The Bleed" stickers. Like cardiac arrest, serious bleeding must be dealt with immediately by bystanders and witnesses. Without immediate action, these patients will likely die before the arrival of emergency medical personnel.

For more information go to: www.bleedingcontrol.org.

THE FIRE IS OUT...

OR IS IT?



Every year the Halesite Fire Department is called to a structure fire that is made more serious because someone thought the fire was extinguished, but later discovered that the fire had spread. An oven fire or electrical fire, for example, can appear minor at first and may even appear to be out. What happens too often is that, while the fire may be out on one side of a wall, it can continue to burn behind the wall. In some types of construction, there is nothing to stop a fire on one floor from spreading to other floors - all behind the walls, where fire can spread without being detected by an occupant.

If you discover any type of fire in your home or office, always call the fire department, even if the fire appears to be out. We have instruments that can detect heat and fire that can be spreading behind walls, floors, and ceilings; and we have the equipment to extinguish the fire, if it has begun to spread.



WARNING ABOUT "OUTLET CHALLENGE"

Inspired by a viral video, kids have been participating in what is called the "outlet challenge". A plug of a cell phone charger is partially inserted into a wall outlet. A penny is then inserted down the wall in the space between the outlet and the charger. When the penny hits the prongs of the charger, it causes a spark. The spark can damage the outlet, injure or electrocute the participant, and start a fire behind the wall that could smolder unnoticed for hours before becoming a serious structural fire. Parents are advised to discuss fire and electrical safety with their children.

HALESITE F.D. JUNIORS

After wrapping up 2019 at its annual installation dinner, the Halesite Fire Department's Juniors Program carried into the new year full steam ahead by raising money for local veterans.

In late December, Juniors Captain Will Spada found out about the Lt. Michael P. Murphy Foundation's Fundraising Gala, scheduled for later this year at Oheka Castle. The gala seeks to raise money for the construction of a SEAL museum and Naval Sea Cadet training facility to be built in Lt. Murphy's name. Among the scheduled speakers is US Navy SEAL (ret.) William McRaven, who was the Joint Special Operations Commander and overall operations commander during the Bin Laden raid.

Will reached out to Brandi Dowling of the Northport VA hospital to see if there was anything that the Juniors could do to support the event. He found out that many local veterans wished to attend, but could not afford the high price of admission. Upon finding this out, the Juniors began to raise money for those veterans.

Throughout the months of January and February, the juniors collected donations at various events. Some of them included their installation dinner and the Hose Rescue Company's annual Super Bowl Pancake Breakfast. With the help of the Department, they were able to raise over one thousand dollars during these two events alone. This was enough money to buy two tickets for local veterans to attend the gala.

The Juniors seek to continue working in their community and to build the future of the fire service throughout the coming year.

The Halesite Fire Department Junior Firefighter Program is designed for boys and girls ages 14 to 17. For more information about the program, click on the "Juniors" tab at the fire department's web site: www.halesitefd.org.



60 YEARS AGO

On February 1, 1960, Halesite Fire Department volunteers were called to assist the Huntington Fire Department in fighting what was reported in The Long-Islander as "one of the worst in the history of Huntington Village." The fire, located at #375-#377 New York Avenue, caused over \$1,000,000 in damage and destroyed the site of five stores and 13 firms. Three million gallons of water were poured onto the fire, which began shortly before 10:00PM. This was the third serious fire in the village in two months. All occurred on Monday nights, raising suspicions that arson was involved.

A BUSY YEAR FOR HALESITE F. D.

During 2019, the Halesite Fire Department responded to more than 400 emergency medical calls. With most of our calls, the sooner we arrive on scene, the better the outcome for the patient. Last year an emergency medical responder was on scene in an average of **6 minutes and 22 seconds** after the call for help was received. This is regardless of the time of day, weather, or call location within the Fire District.

Since 1967 we have offered emergency medical assistance with medically trained volunteers. Beginning in 2016, Halesite F. D. and Centerport F. D. agreed to share the services of paramedics who respond to medical calls 24/7, within both fire districts. Residents now can receive on scene a higher level of emergency medical care, including drugs that are not available to basic EMTs. The medic is stationed at the Centerport firehouse and the cost is shared by both fire districts.

**Halesite Fire Department
Fire / Ambulance
(631) 427-7250**

SYNCOPE

*D*ad was sitting next to me at church. As he got up, he hesitated for a moment and then passed out, collapsing on the pew in front of us. He was out for less than a minute and then regained consciousness. He did not remember falling and was embarrassed by all the attention from the church members around him. He seemed shaken, but said he was fine; he was not hurt when he fell. He said he had not experienced such an incident before. What had happened? Was he really OK?

What he experienced was **syncope**, a temporary loss of consciousness commonly known as fainting. The most frequent cause is vasovagal, a drop in blood pressure that reduces blood flow to the brain. This can be the result of emotional stress, pain, medications, or simply standing up quickly. If no injuries are suffered from the fall, most syncopal episodes are not serious.

Unconsciousness, however, can also be a sign of a serious health condition. Seizure, diabetes, drug/alcohol abuse, head injury, pregnancy complication, stroke, heart attack and other cardiovascular conditions can all cause unconsciousness.

While most episodes of syncope are not serious, there is such a wide range of life-threatening differential diagnoses that any person experiencing an episode of syncope, especially one lasting more than a minute, should seek immediate medical attention.

More information about syncope can be found at: www.heart.org



TRAFFIC LIGHTS ON N.Y. AVENUE

You may not have noticed, but there are red traffic stop lights in front of the firehouse that are activated when equipment is leaving **and returning**.

Please be sure to stop, when these red lights are on.

**Halesite Fire Department
Fire / Ambulance
(631) 427-7250**

"HEY MOM! WHAT'S WRONG?"

*S*he was sitting in her chair watching TV when I went to get some tea for her. When I returned, she appeared to have zoned out, as she watched her favorite game show. She stared blankly at the TV and could not reach for the tea I had prepared. One side of her face seemed to droop and she was not answering me. As I looked closely, I could see her pupils looked strange – one was much bigger than the other. She was fine two minutes ago; what was happening?

What was happening was a **stroke**, sometimes called a brain attack. Stroke is the fifth leading cause of death in America and a leading cause of adult disability. It occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. Most common signs and symptoms are:

- ◆ sudden weakness or numbness of the face, arm, or leg
- ◆ sudden confusion or trouble speaking or understanding others
- ◆ sudden trouble seeing with one or both eyes
- ◆ sudden dizziness, trouble walking, or loss of balance or coordination
- ◆ sudden severe headache with no known cause

Call us immediately, if you or someone else has any of these symptoms.



If you think someone may be having a stroke, act **F.A.S.T.**:

Face: Ask the person to smile. Does one side of the face droop?

Arms: Ask the person to raise both arms straight out in front.
Does one arm drift downward?

Speech: Ask the person to repeat a simple phrase.
Is the speech slurred or strange?

Time: If you see any of these signs, call 9-1-1 right away.

Note the time **when any symptoms first appeared** and **when the person was last seen normal**. Early treatment, including new blood clot-dissolving drugs, can prevent disability and death - but only if given in the first three hours of the onset of stroke symptoms. This early treatment is available at Huntington Hospital, which has been designated as a NYS Stroke Center.

For more stroke information, visit www.stroke.org.

T. I. A. (MINI-STROKE)

Mini-Stroke refers to a Transient Ischemic Attack, a temporary interruption of blood flow to part of the brain that destroys no brain cells and causes no permanent disability. The symptoms of a TIA are similar to those of a stroke but are usually resolved within a few minutes.

A TIA is a warning sign and increases the risk of a subsequent stroke. About one third of TIA sufferers will have a stroke within the following 12 months. For this reason, it is important to recognize a TIA and to seek immediate medical attention.

A TIA is both a warning and an opportunity - a warning of an impending stroke and an opportunity to take steps to prevent one from happening.

WE DO MORE THAN FIGHT FIRE

The Halesite Fire Department was formed in 1901 after a series of fires caused damage to property in the harbor area. While members joined the fire department to fight fire, they quickly learned that they would be asked to respond to a variety of alarms such as “rescuing a horse stuck in the mud near the Heckscher Estate”.

Last year we responded to over 650 calls for help with more than half being medical emergencies. The majority of non-medical calls were in response to automatic fire and carbon monoxide alarms, most of which were accidental activations or caused by low or defective batteries. There were numerous calls for power line issues, brush fires, fallen trees and limbs, motor vehicle accidents, boat fires, car fires, and ice and water rescues. Historically, there have also been unusual calls for help – a pet caught in a storm drain, a python loose in a house, explosives found in a basement.

Most of our calls for help do not involve a serious fire condition, yet we train for worst case and even unusual scenarios. Regardless of the nature of the call or the time of day or night, the members of the Halesite Fire Department will respond to your call for help.



CLOSE YOUR BEDROOM DOOR

Closed doors can hold back heat, smoke, and flames.

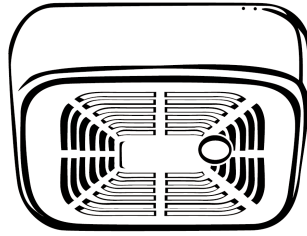
Closed doors keep more oxygen in the room.

Closed doors can give you more time to react, when an alarm sounds.

FIRE SAFETY SITES

www.nfpa.org
www.safekids.org
www.firesafety.gov
www.sparkey.org
www.nyc.gov/fdny

NEW SMOKE ALARMS



New smoke alarms are now able to recognize smoke from cooking and from steam. Previous alarms could not distinguish these sources from actual fire smoke and would be activated. New alarms sense the differences between smoke from combustion and smoke from nuisance, non-lethal sources. Aside from activations caused by low batteries, smoke from cooking and steam from showers are the leading sources of false alarms. These nuisance alarms not only cause owners to disable the alarms, but also generate unnecessary fire department response.

Working smoke alarms within their 10 year lifespan continue to provide protection. When new or additional alarms are needed, look for the Underwriters Laboratory symbol (UL):



HELPS REDUCE COOKING
NUISANCE ALARMS

Note that as of April 1, 2019, New York State requires all new or replacement smoke detectors in New York State to be powered by a 10-year, sealed, non-removable battery or hardwired to the home.

SMOKE ALARM SOUNDS

A loud, continuous alarm indicates that the alarm has detected smoke. Residents should evacuate the home and the fire department should be notified.

A chirp at 30 or 60 second intervals is not an emergency and could be caused by a malfunction such as a failing battery or an alarm that has reached the end of its life.

More smoke alarm information is available at:

www.nfpa.org/public-education

NARCAN AVAILABLE WITHOUT A PRESCRIPTION

With COVID-19 dominating the news, there has not been much information about the battle against opioid abuse. According to a report issued by Suffolk County in December, projected deaths from opioid overdose in the county were expected to total 283 in 2019, down 25% from 380 deaths in 2018. This progress has been attributed to education, outreach, and treatment programs. Narcan, however, still has a life-saving role. During the first six months of 2019, Narcan was reported to have been administered 278 times in Suffolk County.

Signs of an overdose to look for include **unresponsiveness, slow or absent breathing, and pinpoint pupils**. If you see these symptoms:

- ◆ call 911
- ◆ administer Narcan
- ◆ place person on his/her side to prevent choking

Narcan is available without a prescription and the purchase may be covered by medical insurance plans. It is easy and safe to administer, but training is recommended. For training, informational videos, and Narcan instructional videos, visit: www.narcan.com



INSURANCE CODES

Because of its membership, training, equipment, and record keeping, the Halesite Fire District receives a high rating from New York State Fire Underwriters. This means low fire insurance rates for district residents. Make sure that the **Halesite Fire District** is the district of record on your fire insurance policy.

AMANDA'S LAW

Since February 22, 2010 Amanda's Law mandates the installation of carbon monoxide (CO) detectors in all homes in New York State, regardless of when the home was built, “where the dwelling unit has appliances, devices, or systems that may emit CO, or has an attached garage.”

DEPARTMENT MEMBERS

<u>Name</u>	<u>Address</u>	<u>Years of Service</u>
Chief Jamie Magerle	4th Avenue	24
1st Assistant Chief Dominic Spada	Highview Drive	16
2nd Assistant Chief Erik Weber	Platt Place	14

<u>Name</u>	<u>Address</u>	<u>Years of Service</u>	<u>Name</u>	<u>Address</u>	<u>Years of Service</u>
Dennis Magerle	Bay Avenue	60	Kate Deegan	Youngs Hill Road	10
Walter Sammis	Ketewomoke Drive	57	Henry Waldron	Kroft Court	9
Frank Grasso	Homestead Path	52	Michael Conforti	Bankside Drive	9
Roger Ketcham	East Shore Road	52	Stephen Medici	Thorman Lane	8
Dennis Troup	Bayview Drive	51	Brad Gaito	Winchester Lane	8
Jerry Conway	Fort Hill Road	49	Steven Lapp	Taylor Road	8
John Blanda	Courtyard Circle	45	Daniel Harman	Mill Lane	8
Peter Wilbur	Maple Hill Road	44	Thomas Scheff	Cleveland Drive	8
Kurt Martin	Mohawk Street	43	Alexander Niedziela	Vineyard Road	8
Peter Magerle	Bass Court	41	KC Anna	Bay Drive West	8
John Cannon	Bay Road	39	Robert Cirillo	Inlet Place	8
Mark Blanda	Courtyard Circle	38	Richard Oh	Glades Way	8
Craig Lanigan	Biala Place	36	Liam Dreusike	Crombie Street	7
Douglas Anthonson	Huntington Bay Road	35	Casey Magerle	Bass Court	7
Paul T. Holly	Warrenton Court	35	Alex Shoemaker	Maple Hill Road	6
Mike Magerle	Afton Lane	34	Jayne Madden	Abbott Drive	6
Jeff Schondebare	Vineyard Road	33	Nina Fleisig	Cove Road	6
Gerry Conlon	West Shore Road	33	Lorraine Healy	East Shore Road	6
John Solano	Cliftwood Drive	33	Justin Chermak	Park Avenue	6
Nick Berghela	Walden Place	32	James Costanzo	Crescent Drive	5
Dan McConnell	Winchester Lane	31	Peter C. Magerle	Bass Court	5
Larry Northcote	Glades Way	31	John Pettit	Corlett Place	5
Neil Nugent	Bay Drive West	31	Bill Tremblay	Sedgewick Street	3
Joseph DeSimone	Van Buren Drive	29	Brady Anna	Bay Drive West	3
David Willis	Cliftwood Drive	28	Taigue Anna	Bay Drive West	3
Andy Magerle	O'Hara Place	28	Burak Toprak	Abbott Drive	2
Robert Wenk	Cornehlsen Drive	28	Matthew Magerle	Afton Lane	2
William Peer	Grist Mill Lane	26	Veronica Andree	Vineyard Road	2
Greg Colonna	Afton Lane	24	Chris Leogrande	Darnley Place	2
Hugh O'Brien	Bay Drive East	19	Luke Giordano	Bay Avenue	2
Ryan Sammis	Bantry Court	18	Bill Pilc	Paulding Court	1
Jesse Sammis	Soundview Road	17	Lindsay Magerle	Bass Court	1
William Eletto	Bob-O-Link Lane	17	Chas. Forte	Flower Hill Court	1
Keith Freda	Crest Road	13	James Willis	Cliftwood Drive	1
Vincent Capobianco	Gaines Place	12	Aedan McDonald	Maxwell Court	1
Donald Tesoriero	Huntington Bay Road	11	Kevin McDonald	Cider Mill Lane	1

The Halesite Volunteer Fire Department has been serving the residents of Halesite since 1901.

Our members respond to calls for help at any time of day or night.

We are all volunteers; none of us is ever paid for responding to an alarm.

LIFE MEMBERS

Laura Bergman	Donald Danko	Daniel Messinger	Clement Schryver
Aldo Biondi	Guy Guido	Michael Mitchell	Robert Waring
Jim Bradley	William Kaiser	William Mitchell	Robert Wilbur
James Cody	Thomas Maguire	John Newell III	
Chris Chiusano	Arthur Messinger	Don Pope	