

2 APR 1997

1. TASK NUMBER 961016HCC5702		2. INVESTIGATOR'S ID 9041		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 896	4. DATE OF ACCIDENT YR MO DAY 96/09/14	5. DATE INITIATED YR MO DAY 97/01/06		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT While riding on a fixed site amusement ride, an eight year old female had her scalp ripped off when her hair fell into the motor on the back of her seat. The doctors unsuccessfully attempted to re-attach her scalp, but the victim will have a permanent disfigurement.				
7. LOCATION (Home, School, etc.) Public Location 58		8. CITY Weymouth	9. STATE MA	
10A. FIRST PRODUCT Fixed Site Amusement Ride 1293		10B. TRADE/BRAND NAME Mini Himalaya		10C. MODEL NUMBER unknown
10D. MANUFACTURER NAME AND ADDRESS Venture Rides 1861 South Highway 14 Greer, South Carolina		MFR/PRVLBR NOTIFIED 5/8/98 <input checked="" type="checkbox"/> No Comments made <input checked="" type="checkbox"/> Comments attached <input checked="" type="checkbox"/> Extensions/Revisions <input checked="" type="checkbox"/> File has not requested further information		
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME		
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM 008	13. SEX 2	14. DISPOSITION Hospitalized 4	15. INJURY DIAGNOSIS Contusion 53- 76: Avulsion	
16. BODY PART (S) INVOLVED Head 75	17. RESPONDENT Second Hand Info Second Hand Info 3	18. TYPE OF INVESTIGATION On-Site 1	19. TIME SPENT (OPERATIONAL HOURS) 12	
20. ATTACHMENT (S) Multi 9	21. CASE SOURCE Newspaper 05	22. SAMPLE COLLECTION NUMBER none		
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)				
24. REVIEW/DATE 03/25/97	25. REVIEWED BY JBL CRIBBY # 8969		26. REGIONAL OFFICE DIRECTOR JES 3-22-97	
27. DISTRIBUTION O:EHDS CC:				

961016HCC5702

PRE-INCIDENT:

All of the information regarding this incident was obtained through an on-site interview with the victim's lawyer and a telephone interview with the investigating official from the local police department. The victim is an 8 year old girl who was celebrating her birthday along with her friend's birthday.

On September 14, 1996, the victim was attending a birthday part at a local party center. At this center, games and fixed site amusement rides were present in an indoor setting. This was the first time the victim had ever been to this facility and used any of this facilities rides and games.

INCIDENT:

At approximately 2:22 p.m., the victim boarded a ride called the "Mini Himalaya". This ride is a carousel type ride with 14 cabs one behind the other and travels on a circular track. The backs of the seats are fiberglass. The ride travels at 12 revolutions per minute. There are two 5 Horsepower motors attached to the back of two seats.

The operator of the ride was a 16 year old male who had not been trained on the operation of this ride. After the operator turned on the ride, he went to the opposite side of the facility to speak with a female co-worker. Approximately one minute after the ride had begun, there was hysterical screaming from the ride. The operator ran over and shut the motors off. The victim's hair, which was approximately 15 inches long, had slipped inside the motor and ripped the victim's hair and scalp off. The force of the pull on the victim was so great that the victim went through the fiberglass backing of the ride.

POST-INCIDENT:

The victim was taken to a local hospital where doctors unsuccessfully attempted to re-attach her scalp. The victim will have to have many operations and will have a permanent disfigurement on her head. After inspecting the motor that was in the incident, there appeared to be a one inch gap between the back of the seat and the lip of the protective metal cage that covers the motor.

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This gap is large enough for a persons hair to be caught in. It appeared as if when the facility performed maintenance on the ride, the protective cage was not put back on properly causing this gap in the back of the ride.

PRODUCT IDENTIFICATION:

The device is a carousal type ride with 14 cabs one behind the other and travels on a circular track. There are two, 5 Horsepower motors attached to the back of two seats. The product is black and blue and travels at 12 revolutions per minute. The ride was purchased from Zamperla Inc., located in Parsipany, New Jersey, and was manufactured in 1985 by Venture Rides located in Greer, South Carolina.

ATTACHMENTS:

1. Field Activity Coversheet
2. Epidemiologic Investigation Report
3. Weymouth Police Department Report
4. District Engineer Inspection Report
5. Photographs (will be forwarded)
6. Authorization for Release of Name (will be forward)
7. Authorization for Medical Release (will be forward)

S. Babbitts - 10/24/96

GP II
B. Foley
E
G. Babbitts
gm

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: N96A0120A
DATE OF INCIDENT: 9/14/94 CATID: TYNN35 1995/7
FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ()
TYPE FOLLOW-UP Sue Kyle TELEPHONE () ON-SITE (X)
HEADQUARTERS CONTACT: ~~Sue Cassidy~~ 504-0470 ~~x1260~~
Backup: Jay DeMarco 504-0608 x1353

N/A

~~ASSIGNMENT MESSAGE: Information from these investigations will be used for an annual report on amusement ride fatalities. All deaths associated with this product need to be investigated.~~

Investigate this amusement ride accident!
Determine product description; photograph if possible. Determine age of product, manufacturer, place of purchase.

Determine sequence/scenario of events, treatment administered, and patient disposition. If more than one person involved, explain how others were involved. Collect all official documentation (paramedics, police, and ~~coroner reports~~, medical records, ~~death certificates~~).

Determine if product failure or faulty product design were a factor.

Person(s) to Contact: Detective Marie Farrell
Parents / Guardian
(617) 335-1218

Guidelines: Appendix 96

Task Number: 961016 HCC5702 Date: 9610
Assigned to: NYCO Requested by: J. Lansing

16
20

PATRIOT LEDGER

QUINCY, MA
DAILY 87, 838

MONDAY
SEP 16 1996

N96A-0120A

BURRELLE'S

198 .. aebc QC u

ISSUE

OCT 7 6 199

Girl's hair gets caught while on ride

Taken to hospital for scalp injury

By Michael C. McDermott
The Patriot Ledger

9/14/94

12/10/94 HCC5702

WEYMOUTH — A Quincy girl had part of her scalp ripped off when her hair got caught in the motor of an amusement ride Saturday at Bonkers Fun House Pizza at the Harbor Light Mall.

Witnesses said Danielle Foti, 8, of Nightingale Avenue was riding a junior version of the Himalayas, a ride that spins passengers quickly along a hilly, circular track, when her long hair was caught in the motor attached to the back of her seat.

Her head was forced back with such force that it punched a hole in the seat's fiberglass backing.

Police Detective Marie Farrell said the girl was attending a friend's birthday party at the Route 3A restaurant, a popular children's spot.

A Milton nurse cut the girl's hair to free her from the ride.

"The ride operator said he heard a smacking sound that he hadn't heard before," said the nurse, Cindy Marr. "He was very good to shut off the ride as quickly as he did."

Marr, who was attending another birthday party at the mall, said she heard the girl crying and rushed to help her.

"There was a pretty big gash on her head," Marr said. "She was conscious and in a lot of pain. There was a lot of panic."

Police said Marr found scissors to cut the girl's hair free. Marr's husband tried to pry the metal back

“
The ride operator said he heard a smacking sound that he hadn't heard before. He was very good to shut off the ride as quickly as he did.
”

— Cindy Marr of Milton

support from the girl's seat from where it was pinned against her forehead.

Firefighters took the motor apart to retrieve the piece of scalp in the hopes that it could be reattached, Farrell said.

"Obviously our first priority was to get her to a hospital quickly," Farrell said. "We had to spend a lot of time working on the motor to make sure that we could get the piece that was in there and that it could still be reattached."

The girl was taken by ambulance to Boston Medical Center, where she was reported in stable condition.

A manager would not comment on whether there had been previous problems with the ride. Weymouth police said the state Department of Public Safety is

961016 HCC 5702

TO: FOER
ATTN: B. CABREY

FROM BOS RP (CFD)

AMUSEMENT RIDE ACCIDENTS

THE BOSTON SUNDAY GLOBE • SEPTEMBER 29, 1996

State says ride at mall had hurt another child

ASSOCIATED PRESS

WEYMOUTH - A mall amusement ride that tore the scalp off an 8-year-old Quincy girl two weeks ago should have been shut down in June after it gashed the foot of a 5-year-old Brockton girl, authorities said.

Bonkers 19 at the Harborlight Mall never reported the Brockton girl's accident on the Mini Himalaya ride to the state, although required by law to do so, Public Safety Commissioner Winthrop Farwell Jr. said.

Accidents are supposed to be reported to the commissioner within 48 hours, Farwell said. Then the ride should have been closed until public safety inspectors investigated and any necessary repairs were made, he said.

But Farwell said he learned of the June accident only this week from lawyer Gerald Sousa of Brockton, who is representing the family of the girl injured in June. The girl's parents, who requested anonymity, insisted that Sousa notify Farwell.

The girl was injured June 22 when the 16-year-old operator started the ride abruptly, catching her left foot and ankle against the ride's metal track. She suffered a gash that had to be cleaned and stitched at a local hospital.

The girl now has a thick scar that must be surgically removed, Sousa said. The family will sue to recover medical costs.

On Sept. 14, the long hair of 8-year-old Danielle Foti got caught in the ride's motor shaft. It reeled in her head with such force that it dented the back of the fiberglass seat and ripped out part of her scalp.

Foti underwent three hours of surgery in an unsuccessful effort to reattach part of her scalp. She will need reconstructive surgery.

At that time, Bonkers manager Paul Rooney said there had been no previous incidents on that ride, Sousa said.

The Brockton family also has a letter from Bonkers' insurance company saying the ride was not insured at the time of the June accident.

Meanwhile, Farwell said he still has no proof that Bonkers has the necessary 1996 permit to operate its four rides, including the Mini Himalaya.

Farwell also wants a ruling on whether 16-year-olds can legally operate the rides at Bonkers. He told The Patriot Ledger of Quincy that state law forbids minors from operating amusement rides.

A 16-year-old was operating the ride when Foti was injured. An inspector determined that she was injured because a 1-inch gap between her seat and the motor allowed her hair to get caught.

A maker of the ride said the gap should not be there if the motor is properly installed.

BERNIE,
I called the State of Massachusetts inspector (JOHN MCCREE 617-727-3200)
He told me that this file's site amusement ride was torn down when the investigators went to the accident site but that their examination had disclosed that there had been a 1" space between the seat and the seat guard, which allowed the motor coupling to come in contact with the girl's hair
CFD

WEYMOUTH POLICE DEPARTMENT

961010110-011-
 VJMH
 CASE NO. 96116734

CASE REPORT
 ARREST REPORT

DATE OF OFFENSE 9.14.96	TIME OF OFFENSE 14:22	DATE REPORTED 9.14.96	OBJECT OF ATTACK
TIME REPORTED	DATE OF ARREST	TIME OF ARREST	POINT OF ENTRY
OFFENSES 1- INJURED YOUNG FEMALE		CHAP & SEC	MEANS OF ATTACK (WEAPON TOOL USED)
2- AT BONKERS/HARBORLIGHT			METHOD OF ATTACK
3- MALL		01 <input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
4- LOCATION OF ARREST (NO STREET - APT /BOX)		(DESC. SER# ETC.) THE MOTOR AND FIBERGLASS PARTS	VALUE
LOCATION OF OFFENSE (NO STREET - APT /BOX) HARBORLIGHT MALL BRIDGE ST		02 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
VICTIM NAME (LAST, FIRST, MI) OR (PROPER BUSINESS NAME) FUTI, DANIELLE		DATE OF BIRTH	VALUE
VICTIM ADDRESS (NO STREET - APT /BOX) 100 NICHINGALE AVE		03 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
CITY, STATE QUINCY MASS	PHONE 770-0037	(DESC. SER# ETC.)	VALUE
ARREST/SUSPECT NAME (LAST, FIRST, MI)	JUV <input type="checkbox"/> ADULT <input type="checkbox"/>	04 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
A/S ADDRESS (NO STREET - APT /BOX)	SOCIAL SEC #	(DESC. SER# ETC.)	VALUE
CITY STATE	DATE OF BIRTH	05 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	VALUE
HEIGHT	WEIGHT	PECULIARITY	VALUE
COLOR HAIR	COLOR EYES	COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> MED <input type="checkbox"/> DARK	<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOV
WITNESS (1) NAME (LAST, FIRST, MI) ESPINOZA, VALENTINA		DATE OF BIRTH 8 YRS OLD	<input type="checkbox"/> VEHICLE <input type="checkbox"/> LICENSE PLATE
ADDRESS (NO STREET - APT /BOX) 87 ARTHUR ST		VIN #	LIC. PLATE TYPE STATE LIC. PLATE NO.
CITY STATE QUINCY MASS	PHONE 472-9187	YEAR MAKE MODEL	VALUE
WITNESS (2) NAME (LAST, FIRST, MI)		STYLE COLOR	VALUE
ADDRESS (NO STREET - APT /BOX)		TOTAL VALUE OF PROPERTY TAKEN	\$
CITY STATE	PHONE	PHOTOS BY: DET. E. GABRIEL	PRINTS BY
NARRATIVE DOMESTIC ABUSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> AN 9.14.96, AT 14:22 I RECEIVED A CALL TO RESPOND TO THE HARBORLIGHT MALL - BONKERS IN REGARDS TO A GIRL WITH HER HEAD STICK IN ONE OF THE RIDES. SGT JAMES (CASSIDY) IN 827 RESPONDED AS WELL AS 232 OFF. WM BROWN. WHEN WE ARRIVED PEOPLE WERE POINTING TO THE REAR			
THIS ARREST CLEARS CASE #		ARREST NO.	DISPOSITION
CLOSED <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>	DATE	APPROVED BY	SUPPLEMENTS
			NARRATIVE <input type="checkbox"/> OFF/PROP <input type="checkbox"/>
			DATE 9/14/96

WEYMOUTH POLICE DEPARTMENT

PAGE 3 NARRATIVE INJURYCASE # 961673Y9610161CC 5702

AND WENT INTO THE MOTOR WHICH WAS BEHIND THE SEAT, APPARENTLY DANIELLES HAIR IS FAIRLY LONG I DID NOT GET CLOSE ENOUGH TO JUDGE, HOWEVER, THERE WAS STILL SOME LONG HAIR WRAPPED AROUND THE MOTOR AFTER MRS MARR CUT THE HAIR TO FREE DANIELLES HEAD

I INSPECTED THE SEAT DANIELLE WAS RIDING IN AND OBSERVED A HOLE IN THE FIBERGLASS WHERE DANIELLES' HEAD WENT THROUGH THERE WAS HAIR AND BLOOD Matted AROUND THE EDGES. ON THE REAR OF THE SEAT WAS A BLACK METAL MOTOR COVER WHICH WAS EASILY PULLED AWAY FROM THE FIBERGLASS AT THE LEFT TOP CORNER. IT WAS PULLED AWAY FROM THE FIBER GLASS APPROX 1 1/2 TO 2". MR MARR INFORMED ME THEY DID NOT TOUCH OR PULL AT THIS MOTOR COVER NOR DID HE OBSERVE ANYONE ELSE PULL AT THE COVER. THEY WERE ALL BUSY TRYING TO FREE DANIELLES' HEAD FROM UNDER THE BAR. IT APPEARS THAT DANIELLES' HAIR WENT UNDER THE BAR (APPROX 2-3 INCHES) AND WENT INTO THE SPACE BETWEEN THE REAR OF THE SEAT AND THE METAL MOTOR COVER.

DANIELLE WAS TRANSPORTED TO BOSTON CITY HOSP. HER PARENTS JOSEPH AND CERAN WENT WITH HER TO THE HOSP. I WILL CONTINUE THIS INVESTIGATION THIS EVENING WHEN THEY RETURN FROM THE HOSP. I SPOKE TO SEVERAL PEOPLE DURING MY INVESTIGATION AND INCLUDE THIS INFORMATION IN MY REPORT.

REPORTING OFFICER <u>W. MARR</u>	DATE <u>9.14.91</u>	APPROVED BY <u> </u>	DATE <u> </u>
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WEYMOUTH POLICE DEPARTMENT

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CASE # 9616734

 NARRATIVE INJURY

CONTINUED FROM 9.14 96 - REGARDING DANIELLE FOTI

ON SATURDAY, 9.14 96, THE DATE OF THE INJURY TO DANIELLE FOTI, SGT JAMES CASSIDY, OFF. WM. BROWN AND THE FIRE DEPT, SHUT THE POWER OFF OF THE HIMALAYA RIDE AND DISMANTLED THE FIBER GLASS SEAT DANIELLE WAS SITTING IN. DANIELLE WAS IN THE AMBULANCE WITH THE PARAMEDICS, SHE WAS BEING STABILIZED AND THEY HAD ALSO WAITED APPROX 15 MINUTES FOR THE HAIR AND SCALP TO BE EXTRACTED FROM THE MOTOR. WHILE THIS WAS GOING ON I SPOKE TO 8 YEAR OLD VALENTINA ESPINOLA, 37 ARTHUR ST QUINCY 472-9187. VALENTINA WAS SITTING NEXT TO DANIELLE WHEN THE ACCIDENT HAPPENED. MRS CLAUDIA ESPINOLA WAS CELEBRATING VALENTINA'S BIRTHDAY AT BONKERS AND DANIELLE WAS PART OF HER GROUP. VALENTINA STATED SHE HEARD A POP AS THEY WERE GOING AROUND ON THE RIDE THEN SHE SAW DANIELLE'S HAIR GETTING SUCKED INTO THE MOTOR BEHIND THE SEAT, VALENTINA SAID SHE BEGAN YELLING "STOP THE RIDE," SHE SAID THE RIDE ATTENDANT (JOSH SMITH 16 YEARS OLD 162 SOUTH WALNUT ST QUINCY 479-7631) WAS NOT PAYING ATTENTION, HE DID NOT HEAR HER RIGHT AWAY.

I SPOKE TO JOSH SMITH, HE STATED HE STOPPED THE RIDE IMMEDIATELY. MONDAY

REPORTING OFFICER

9.16.96

DATE

Muller

APPROVED BY

James Cassidy SGT

DATE

9-17-96

WEYMOUTH POLICE DEPARTMENT

PAGE: 5 NARRATIVE INJURY

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CASE # 9616734

9-16-96, I SPOKE TO JOSH VIA TELEPHONE. I SPOKE TO HIM AT SOME LENGTH AND HE SEEMED VERY CO-OPERATIVE. JOSH IS 16 YEARS OLD AND HE OPERATES THE HIMALAYA ALONE - SATURDAYS ONLY. HE HAS NOT BEEN TRAINED TO CHECK THE RIDE FOR SAFETY HAZARDS AND HE DID NOT KNOW IF ANYONE INSPECTS IT ON A REGULAR BASIS. I ASKED HIM ABOUT AN ELECTRICAL BOX IN ONE OF THE SEAT COMPARTMENTS THAT DID NOT HAVE A COVER ON IT. HE STATED HE TOLD THE MANAGER, PAUL ROONEY, ABOUT IT. MR ROONEY TOLD HIM HE WOULD GET A COVER. I ALSO ASKED JOSH ABOUT ONE OF THE SEATS THAT I OBSERVED TO BE BROKEN ON THE TOP OF THE BACK REST, THE FIBERGLASS WAS TORN AND UNSAFE. HE SAID HE HADN'T NOTICED THAT DAMAGE. I ASKED HIM ABOUT THE SEAT DANIELLE WAS RIDING IN AND WHETHER HE NOTICED THE BLACK COVER OVER THE MOTOR BEHIND HER SEAT BEING LOOSE OR DAMAGED IN ANY WAY. HE STATED 'NO'. HE COULD NOT FIGURE OUT HOW DANIELLE'S HAIR SLIPPED IN BETWEEN THE BACK OF THE SEAT AND THE MOTOR COVER. HE SAID THERE WAS NOT ENOUGH ROOM. HE ALSO STATED HE DID NOT PULL AT THAT MOTOR COVER NOR DID HE SEE ANYONE ELSE TUGGING AT IT - BUT THERE WAS A LOT GOING ON AT THAT

REPORTING OFFICER

Old Marie Jarell

DATE

9-16-96

APPROVED BY

James Cassidy SGT

DATE

9-17-96

WEYMOUTH POLICE DEPARTMENT

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TIME, THERE WAS A STRONG SMELL OF BURNING HAIR IN THE AIR ON SATURDAY, 9.14.96, AT APPROX. 2:13 PM HE STARTED THE RIDE UP WITH A GROUP OF KIDS ON IT AND WITHIN A VERY SHORT TIME HE HEARD A VERY LOUD 'POP' OR 'BANG'. HE COULD NOT TELL EXACTLY WHERE IT CAME FROM BUT HE KNEW SOMETHING WAS WRONG. HE IMMEDIATELY PUSHED THE EMERGENCY STOP BUTTON AND THEN GRABBED ONTO THE RIDE TO MAKE IT STOP FASTER. HE WAS TWO SEATS INFRONT OF DANIELLE AND NOTICED HER WHEN HE TURNED HIS HEAD. HE HAD NOT SEEN HER UP UNTIL THIS POINT. WHEN HE DID SEE HER HEAD TWISTED AND PUSHED INTO THE FIBERGLASS, HE YELLED FOR HELP AND PEOPLE RESPONDED RIGHT AWAY. DANIELLES' HEAD HAD BEEN FORCED UNDER THE BAR ON TOP OF THE BACK REST AND JOSH, ALONG WITH OTHERS, WERE TRYING TO LIFT IT OFF. MRS MARR AND DANIELLES' MOTHER, KAREN FOTI, WERE WORKING ON CUTTING THE HAIR. THEY DID NOT KNOW RIGHT AWAY THAT DANIELLES SCALP ALONG WITH THE HAIR HAD BEEN TORN OFF HER HEAD.

MRS MARR STATED SHE HAD JUST WALKED INTO BUNKERS WITH A GROUP OF PARTY CHILDREN WHEN THE ACCIDENT OCCURRED. SHE IMMEDIATELY RESPONDED ALONG WITH HER HUSBAND

REPORTING OFFICER

DATE

APPROVED BY

DATE

D. Marie Simons

9.14.96

D. A. C. J. C.

9.14.96

WEYMOUTH POLICE DEPARTMENT

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CASE # 9616739

TO ASSIST WITH THIS EMERGENCY MRS MARI
STATED TO ME THAT DANIELLE WAS IN SHOCK, HER
EYES WERE OPEN BUT SHE WAS NOT AWARE OF
WHAT WAS HAPPENING.

A MALL SECURITY OFFICER, DAVE
WILLARD, STAYED ON THE SCENE, HE PROVIDED THE
FIRE DEPT WITH A LOCK TO PUT ON THE POWER BOX
SO THE HIMALAYA WOULD NOT BE TURNED ON AGAIN.
HE ALSO GAVE US A LARGE PLASTIC BAG WHEN WE
ASKED FOR ONE. HE WAS THE ONLY ONE WHO
SEEMED INTERESTED IN WHAT WAS GOING ON, THE
MANAGER WAS WAITING ON CUSTOMERS AT THE
SNACK BAR, WHEN I ASKED HIM TO GIVE ME A
COPY OF THE INSPECTION PAPERS HE DISAPPEARED,
THE OFFICE MANAGER LOUISE DERANTE 41 HYDE ST QUINCY
471-4640 CAME OUT TO TALK TO ME AFTER 30 MINUTES.
SHE STATED THE INSPECTION FORM SHE HAD ON FILE
HAD EXPIRED, SHE STATED THE PAST OWNER OF BONKERS,
BILL MORRILL 12 BEBE ST QUINCY 773-1439 OR
BEEPER 683-5137 MUST HAVE TAKEN IT WITH HIM
WHEN HE LEFT IN APRIL '96, MRS DERANTE DID
GIVE ME A COPY OF THE INSPECTOR'S BUSINESS CARD.
HE IS ROBERT H. JOHNSON ROW N.H. 603 224-6960
MASS LIC # 16. IT HAS BEEN ENCLOSED WITH THIS
REPORT.

REPORTING OFFICER

Marie Janelle

DATE

9-16-96

APPROVED BY

James A. Cassidy, SGT

DATE

9-17-96

WEYMOUTH POLICE DEPARTMENT

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 NARRATIVE INJURY

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AT 4:10 PM I LEFT BONKERS, IT WAS BUSINESS AS USUAL IN THERE, THE MANAGER PAUL ROONEY 76 DAVTON ST QUINCY 773-6017, NEVER RE-APPEARED

BACK AT THE STATION LT. WLADYKA CONTACTED COMMISSIONER FARWELL - THE STATE INSPECTION AGENCY. WE WERE TOLD INSPECTOR STEVEN BACKUS WOULD BE INSPECTING BONKERS FIRST THING SUNDAY MORNING, HIS PHONE # IS 617-727-3200 X 630 & 611. I ALSO CALLED EX-BONKERS OWNER BILL MORRILL 773-1439 IN REGARD TO THE INSPECTION CERTIFICATION. HE STATED HE DID NOT HAVE THAT NOR ANY OTHER DOCUMENTS REGARDING THE EQUIPMENT. HE LEFT BONKERS BECAUSE OF DISAGREEMENTS WITH MALL OWNER JERRY ELLIS³³⁵⁻³³⁹⁵, HE WAS VERY CONCERNED ABOUT THE HAZARDS HE KNEW ABOUT WITH SOME OF THE RIDES AT BONKERS. I CALLED INSPECTOR ROBERT H. JOHNSON UP IN N.H HE FAXED ME A COPY OF THE INSPECTION HE DID ON THE HIMALAYA ON 4.1.96

I HAVE BEEN IN CONTACT WITH MR + MRS FUTI, THEY STATED THE DOCTORS DID NOT FIND ANY OTHER INJURIES TO DANIELLE EXCEPT FOR THE LOSS OF HER HAIR AND SKIN. THE SURGURY SHE WILL NEED TO REPLACE HER HAIR AND SKIN WILL GO ON FOR SOME TIME.

REPORTING OFFICER

Marie Farrell

DATE

9.16.96

APPROVED BY

James J. Cassin Sgt

DATE

9-17-96

CASE# 9616734
9.14.96

961616 HEC 5702

MARIE FARRELL
INJURY TO CHILD AT
BANKERS, HARBORLIGHT
~~PARADISE~~
MALL

Bankers Tpk Inspection 4/1/96

ROBERT H. JOHNSON
AMUSEMENT RIDES AND SKI LIFT SPECIALIST

Serving the Leisure Industry
Consultant and Inspection
REID.
\$30000

28 Hooksett Tpk. Rd.
Bow, NH 03304
(603) 224-6960



Bob Johnson

*Annual
Inspection*

MASS DEPT OF
PUBLIC SAFETY

NO: 10507

CASE 9616734
9.14.96

961016 HCC 5702



Robert H. Johnson

Amusement Ride and Ski Lift Specialist
Consultant and Inspection
28 Hocksett Turnpike Road
Bow, New Hampshire 03304

Telephone 603-224-6960

FAX

TO:

DATE: 9/14/96

FROM: BOB JOHNSON

MESSAGE: FAX FROM CARBON
Copy - may not be clear

Please confirm if OK

BOB

NUMBER OF PAGES INCLUDING COVER: 2

CASE # 9616734

9.14.96

961016 HCC5702

MARIE FARRELL

INJURY TO CHILD AT
BUNKERS, HARBOURLIGHT
MALL



Robert H. Johnson

Amusement Ride and Ski Lift Specialist
Consultant and Inspection
28 Hooksett fpike. Rd.
Bow, N.H. 03304

Telephone 603-274-6960

TO: Commissioner of the Dept. of Transportation

SUBJECT: BUNKERS '79

DATE: 9.14.96

As an employee hired by the aboved equipment owner an inspection of the following devices was completed to comply with the Massachusetts requirements.

* DEVICE: Roller Coaster ID# MA 10214
COMMENTS: _____

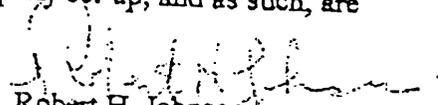
DEVICE: Roller Coaster ID# MA 10507
COMMENTS: _____

DEVICE: Roller Coaster ID# MA 12222
COMMENTS: _____

DEVICE: Swing Ride ID# MA 10220
COMMENTS: _____

DEVICE: Sea Bouncer ID# MA 10506
COMMENTS: NON-MECHANICAL

The above amusement devices were inspected by the undersigned, and found to structually sound (as could be determined by visual means), properly set-up, and as such, are considered to be suitable for public use.


Robert H. Johnson
Mass. Lic. # 16

961016 HCC 5202

To: Winthrop Farwell, Commissioner
From: Steve Bakas, District Engineer Inspector *SB*
Date: September 18, 1996
Subject: Amusement device accident at Harborlight Mall,
Bookers #19., 791 Bridge St. Weymouth, MA.
Victim: Danielle Foti,
100 Nightengale Avenue
Quincy, MA

On Sunday morning, September 15, 1996 at your direction, I investigated the accident on the amusement device (Mini Himalaya Ride) in Weymouth, MA.

I spoke to Paul Rooney, the manager for Bonkers and Pat McNulty, a buyer for Building #19. We proceeded to the cab of the amusement device where the accident occurred.

The device is a carousal type of ride with 14 cabs one behind the other and travels on a circular track. The back of the fiberglass seat of the cab had been ripped out by the Weymouth Fire Department exposing the motor, shaft, pulleys, and belts which were detached from their pulleys.

The 5 horsepower Lincoln electric motor is rated for 1745 R.P.M. I observed particles of human hair wrapped around the motor shaft. I tested the safety belt and found it to be in good working order. Mr. Rooney showed me the other cab that has the same type of arrangement as the damaged cab seat. Out of 14 cabs there are only two that have a motor for forward and reverse operation of the ride.

There is a metal protective housing cage about 17" by 14" attached to the back of the seat which encloses the motor, shaft, pulleys, and belts.

There is about a 1 inch gap between the back of the seat and the lip of the protective metal cage housing. The seat has a curve shape. This gap in my opinion is wide enough for a child's long hair to fall through and get caught by the spinning shaft of the motor. I recommend with the approval of the manufacturer the protective housing cage be mounted flush with the back of the seat if possible, or a thick rubber gasket be fitted to close this gap. This should prevent any chance of a recurrence of this type of accident.

961016 HCC 5702

This amusement device should not be operated until these changes are made. Bonkers #19 has not operated this device since the accident as there is a sign at the entrance of the reading "Ride Temporarily Closed."

Enclosed is the Bonkers #19 Inc. Certificate of Insurance, Inspection, report by Robert H. Johnson and the Weymouth Police Department incident report.

961016 HCC 5702

The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732



WILLIAM F. WELD
Governor

KATHLEEN M. O'TOOLE
Secretary

September 17, 1996

Bonkers Fun House Pizza, Inc.
791 Bridge Street
N. Weymouth, MA. 02191

Dear Sir:

According to records at the Department of Public Safety, certain amusement devices/carnival rides at Bonkers Fun House Pizza were inspected by a duly authorized insurance inspector in 1994 and 1995. This department issued a permit to operate those rides and an insurance policy, in sufficient amounts to comply with existing regulations, were submitted at the time the permit was issued.

However, for the year 1996 no such permit appears to have been issued, nor does the file indicate that an insurance inspector's report was submitted, along with a current insurance policy.

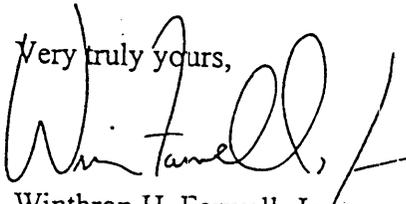
If you dispute these records, please submit to this office the following:

- (1) copy of any permit(s) issued by the Department of Public Safety for 1996
- (2) copy of canceled check or money order showing that payment was made in 1996 for any current permit(s)

Unless a permit has been issued by this department, any amusement device or so-called carnival ride, for which a permit is required, cannot be operated.

Thank you for your anticipated cooperation.

Please call my office if you have any questions.

Very truly yours,

Winthrop H. Farwell, Jr.
Commissioner of Public Safety



WILLIAM F. WELD
Governor

KATHLEEN M. O'TOOLE
Secretary

981467cc5702
The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 248-0813

Date: September 18, 1996

To: Paul J. Rooney, Manager Bonkers #19

From: Winthrop Farwell, Commissioner of Public Safety

You are hereby ordered to cease and desist operation of your Mini Himalaya Ride located at Harborlight Mall, 791 Bridge Street, Weymouth.

Subject to the approval of the manufacturer, the gap approximately 1 inch between the back of the fiberglass seat and the lip of the protective cage is to be closed and made safe.

961016 HCC 5702

BONKERS #19



791 Bridge St.
Weymouth MA 02191

Phone: 617-331-6100
Fax: 617-331-6114

Paul J. Rooney



Pat McNulty
Kindly Generous Buyer

BUILDING 19, INC.

Surplus and Salvage

General Offices
OLD HINGHAM SHIPYARD
19 SHIPYARD DRIVE
HINGHAM, MA 02043
(617) 749-5900

Store Locations on Bay State Side
(401) 722-1900



Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INSPECTION

961016 HCC 5702

STEVE G. BAKAS
DISTRICT ENGINEERING INSPECTOR

TELEPHONE
617-727-3200
Ext. 617 G 19
Fax 617-227-1754

JOHN W. MCCORMACK BUILDING
1 ASHBURTON PLACE RM 1301
BOSTON, MA 02108



Robert H. Johnson

Amusement Ride and Ski Lift Specialist
Consultant and Inspector
28 Hooksett Pkce. Rd.
Bow, N.H. 03304

Telephone 603-224-6960

TO: Commonwealth of Massachusetts
SUBJECT: Equipment
DATE: Aug 1, 1976

As an employee hired by the aboved equipment owner an inspection of the following devices was completed to comply with the Massachusetts requirements.

DEVICE: MINI HIMALAYA ID# MA# 10219
COMMENTS: _____

DEVICE: MINI BOUNCE ID# MA# 10507
COMMENTS: _____

DEVICE: TRAIN ID# MA# 10222
COMMENTS: _____

DEVICE: SWING RIDE ID# MA# 10220
COMMENTS: _____

DEVICE: SUPA BOUNCE ID# MA# 10501
COMMENTS: _____

NON-MECHANICAL

The above amusement devices were inspected by the undersigned, and found to structurally sound (as could be determined by visual means), properly set-up, and as such, are considered to be suitable for public use.

Robert H. Johnson
Robert H. Johnson
Mass. Lic. # 16

961016HCE5702

ALL-EQUIPT SPECIALTY INSURANCE, INC.
200 BOWEN BOULEVARD, TREASURY BUILDING, FL 32704
Tel: 1-800-237-3000 National
1-800-292-6776 Florida

Certificate Number

CERTIFICATE OF INSURANCE

This certificate is not affirmatively nor negatively amended. It extends the coverage afforded by the policy(ies) described herein and is issued in full satisfaction of the contract and confers no right upon the holder.

The policy(ies) identified solely by a policy number is in force on the date of certificate issuance. Coverage is afforded only with respect to those covered for which a specific limit of liability has been entered and subject to the terms of the policy having reference thereto. Nothing herein intended to modify any provision of said policy.

In the event of cancellation of the policy, the company issuing said policy will make all reasonable effort to send Notice of Cancellation to the certificate holder at the address shown herein, but the Company assumes no responsibility for any mistake or failure to give such notice.

Any insurance rate a part of the policy includes as a person insured with respect to an occurrence taking place at an Amusement Center site, (1) the holder or exhibition association, sponsoring organization or committee (2) the owner or lessee thereof (3) a municipality granting the Named Insured permission to operate said Amusement Centers, but only as respects bodily injury or property damage caused by or contributed to by the negligence of the Named Insured while acting in the course and scope of their employment.

NAME & ADDRESS OF INSURED
Bonkers-19, Inc.
C/O Harborlight Mall
229 Bridge Street
North Weymouth
MA 02181

ADDITIONAL INSURED:
ALL-EQUIPT LEASING, INC
20 DONNA ROAD
NEWTON CENTRE, MA 02159

NAME & ADDRESS OF CERTIFICATE HOLDER:
ALL-EQUIPT LEASING, INC.
20 DONNA ROAD
NEWTON CENTRE, MA 02159

DATES

PRIMARY COVERAGE		EXCESS COVERAGE	
Company	F. H. E. INSURANCE COMPANY		
Policy Number:	01390226		
ABILITY LIMITS	\$1,000,000	Bodily Injury & Property Damage	\$0
AGG.	\$2,000,000		\$0
Products	\$1,000,000	Excess of	\$0
From	11/01/95		\$0
To	11/01/95		\$0
		00/00/00	00/00/00
		00/00/00	00/00/00
		* - COMBINED SINGLE LIMIT	

This certificate is not valid unless an original signature appears below.

DATE OF CERTIFICATE INSURANCE

EQUIPMENT INSPECTED

9610 16 HPC 5702

OWNER/OPERATOR BONKERS HARBOR LIGHT MALL

RIDE SPACE TRAIN

MFG ZAMPETA INC.

U.S. BRUNWICK NJ

MASS NO. 10222

S/N R.G.

CAPACITY 30 CHILDREN

RPM 6.

This is new Ride, 1st time in use

OWNER/OPERATOR

RIDE

MFG

MASS NO.

S/N

CAPACITY

RPM



4/1/94 *Carl Rovinelli*

OWNER/OPERATOR

RIDE

MFG

MASS NO.

S/N

CAPACITY

RPM

961016 HCC5702

ROVE ENTERPRISES, INC.

Mechanical Services
Engineering • Inspections
Consulting

98 Glen Street
So. Natick, MA 01760

TEL (508) 653-3592
(508) 626-6280

Mass. Reg. No. 11402
N. H. Reg. No. 4704

CERTIFICATION OF INSPECTION

AMUSEMENT DEVICES / CARNIVAL RIDES

Commonwealth of Massachusetts
Department of Public Safety
Division of Inspection
Engineering Section
One Ashburton Place
Boston, MA

FROM

Carl Rovinelli, P.E.
MA Certification No. 10

DATE OF INSPECTION

APRIL 1 1994

LOCATION OF INSPECTION

ROUTE 3A
WEYMOUTH MA.

NAME OF OWNER / OPERATOR

BONKERS FUNHOUSE PIZZA INC

INSURANCE

961016 HCC 5702

Bonker Fun House Pizza
791 Bridge Street
N. Weymouth, MA 02191

Farms Company Insurance Agency
One West St
Beverly Farms, MA 01915

The Commonwealth of Massachusetts

Department of Public Safety

Division of Inspection, Engineering Section

ONE ASHBURTON PLACE, BOSTON, MASS. 02108

EXPIRATION DATE 02/22/95

PERMIT NUMBER U-4 (a)

PERMIT TO OPERATE AMUSEMENT DEVICES

NAME OF DEVICE

Space Train

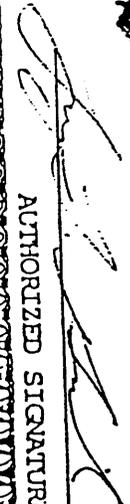
IDENTIFICATION NUMBER

10222

NAME OF DEVICE

IDENTIFICATION NUMBER

AUTHORIZED SIGNATURE



~~_____~~
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Repinces Rio Grande Train #8868

96101674005702

Bonkers Fun House Pizza, Inc
791 Bridge St/ Harborlight Mall
N. Weymouth, MA 02191

Farms Company Insurance Agency
One West Street
Beverly Farms, MA 01915

The Commonwealth of Massachusetts Department of Public Safety Division of Inspection, Engineering Section One Ashburton Place, Boston, Mass. 02108

EXPIRATION DATE 2/22/95

PERMIT NUMBER U-4

PERMIT TO OPERATE AMUSEMENT DEVICES

NAME OF DEVICE	IDENTIFICATION NUMBER	NAME OF DEVICE	IDENTIFICATION NUMBER
Mini Himeleya	10219		
Swing Ride	10220		
Rio-Grande-Train	8868		
<i>Replaced by New Ride</i>			
<i>Space Train</i>			
<i># 10222</i>			

[Signature]
AUTHORIZED SIGNATURE

K&K
INSURANCE
Group, Inc.

961016HCC5202

March 9, 1994

The Dept. of Public Safety
1 Ashburton
Boston, MA 02108-1618

RE: BONKERS FUN HOUSE PIZZA, INC.

Dear Sir or Madam:

Enclosed please find the requested Certificate of Insurance for the above mentioned account.

If you should have any further questions, please feel free to call our office.

Sincerely,

Rodney Gerbers

Rodney B. Gerbers
Account Executive
Leisure Division

RBG/kad
Enclosures
PC: THAD STEWARD - BROKER

P.S. - Transamerica is an A 11 rated and admitted company in Massachusetts.

96016 HCC 5702

CERTIFICATE OF INSURANCE

141317

ISSUE DATE (MM/DD/YY)
 3/09/94

PRODUCER
 K & K Insurance Agency, Inc.
 1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, In 46801

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 BONKERS FUN HOUSE PIZZA, INC. OF WEYMOUTH
 791 BRIDGE ST.
 NORTH WEYMOUTH, MA 02191

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** TRANSAMERICA INSURANCE
- COMPANY LETTER **B** TRANSAMERICA PREMIER I
- COMPANY LETTER **C**

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

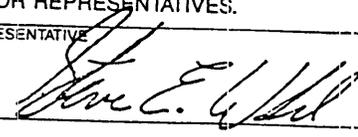
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (in thousands)	
					Each Occurrence	Aggregate
B	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractors Prot. <input checked="" type="checkbox"/> \$500 DEDUCT.	L7 36208160	12:01AM 2/22/94	12:01AM 2/22/95	General Aggregate	\$ NONE
					Products-Comp/Ops Aggregate	\$ 1000
					Personal & Advertising Injury	\$ 1000
					Each Occurrence	\$ 1000
					Fire Damage (Any one fire)	\$ 50
					Medical Expense (Any one person)	\$ 5
					Participant Legal Liability	\$ NONE
	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>				Combined Single Limit	\$
					Bodily Injury (per person)	\$
					Bodily Injury (per accident)	\$
					Property Damage	\$
	Excess Liability <input type="checkbox"/> Other than Umbrella form					
					\$	\$
	Workers' Compensation and Employers' Liability				Statutory	
					\$	Each Accident
					\$	Disease-Policy Limit
	Participant Accident				\$	Disease-Each Employee
					\$	AD&D
					\$	Primary Medical
					\$	Excess Medical
					\$	Weekly Indemnity

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

COVERED EXPOSURES: RESTAURANT, ARCADE, KIDDIE RIDES, SOFT PLAY.

CERTIFICATE HOLDER
 THE DEPT. OF PUBLIC SAFETY
 1 ASHBURTON
 BOSTON, MA 02108-1618

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE


961016 HCC 5702

AGORD. INSURANCE BINDER

DATE (MM/DD/YY)
2/22/94

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER
The Farms Company, Insurance Agency
One West Street
Beverly Farms MA 01915

PHONE (A/C, No, Ext): 508 922-6676

COMPANY
TransAmerica Premier Ins
BINDER # L736208160

EFFECTIVE		TIME		EXPIRATION	
DATE				DATE	TIME
2/22/94		12:01	X AM	3/2/94	X 12:01 AM
			PM		NOON

CODE: AGENCY CUSTOMER ID: KK SUB CODE:

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
Bonkers Funhouse Pizza, Inc of Weymouth
791 Bridge Street
N. Weymouth MA 02191

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Family Fun Center Located in Harbourlite Mall 791 Bridge Street
N. Weymouth, MA 02101

COVERAGES

TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	LIMITS		
			AMOUNT	DEDUCTIBLE	COINS %
<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		Contents 1/ Contents 2/ Business income **	350,000	5,000	100
<input checked="" type="checkbox"/> Betterments & Improv			50,000	5,000	100
<input checked="" type="checkbox"/> Bus. Income w/ ex. Expen			160,000	0	33
GENERAL LIABILITY			GENERAL AGGREGATE \$ 0		
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PRODUCTS - COMP/OP AGE \$ 1,000,000		
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			PERSONAL & ADV INJURY \$ 1,000,000		
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT			EACH OCCURRENCE \$ 1,000,000		
<input checked="" type="checkbox"/> 500 Deduct			FIRE DAMAGE (Any one fire) \$ 50,000		
			MED EXP (Any one person) \$ 5,000		
			COMBINED SINGLE LIMIT \$		
			BODILY INJURY (Per person) \$		
			BODILY INJURY (Per accident) \$		
			PROPERTY DAMAGE \$		
			MEDICAL PAYMENTS \$		
			PERSONAL INJURY PROT \$		
			UNINSURED MOTORIST \$		
			ACTUAL CASH VALUE \$		
			STATED AMOUNT \$		
			OTHER \$		
			AUTO ONLY - EA ACCIDENT \$		
			OTHER THAN AUTO ONLY:		
			EACH ACCIDENT \$		
			AGGREGATE \$		
			EACH OCCURRENCE \$		
			AGGREGATE \$		
			SELF-INSURED RETENTION \$		
			STATUTORY LIMITS \$		
			EACH ACCIDENT \$		
			DISEASE - POLICY LIMIT \$		
			DISEASE - EACH EMPLOYEE \$		

UTOMOBILE LIABILITY
ANY AUTO
ALL OWNED AUTOS
SCHEDULED AUTOS
HIRED AUTOS
NON-OWNED AUTOS

PHYSICAL DAMAGE DEDUCTIBLE
COLLISION:
OTHER THAN COL:

ALL VEHICLES **SCHEDULED VEHICLES**

WORKERS LIABILITY
UMBRELLA FORM
OTHER THAN UMBRELLA FORM

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY

RETRO DATE FOR CLAIMS MADE: None

CONDITIONS/TERMS
Inland Marine : Sign/ \$10,000/ \$500 Ded. Crime: Theft, Disappearance & Destruction/ \$10,000 In & \$10,000 Out/ \$1,000 Ded.** Includes off premises power failure

NAME & ADDRESS
Yardley Holding Company
729 Benjamin Pavillion
Jenkinson PA 19024

MORTGAGEE
 LOSS PAYEE
ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE
[Signature]

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

961016HCC5702

ACORD. INSURANCE BINDER

DATE (MM/DD/YY)
2/24/94

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER The Farms Company, Insurance Agency One West Street Beverly Farms MA 01915	PHONE (A/C, No, Ext): 508 922-6676	COMPANY TransAmerica Premier Ins	BINDER # L736208160
CODE:	SUB CODE:	DATE EFFECTIVE 2/22/94	TIME 12:01
AGENCY CUSTOMER ID: KK	INSURED Bonkers Funhouse Pizza, Inc of Weymouth 791 Bridge Street N. Weymouth MA 02191	EXPIRATION DATE 2/22/95	TIME 12:01 AM NOON
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		TO BE ISSUED	
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including location) Family Fun Center Located in Harbourlite Mall 791 Bridge Street N. Weymouth, MA 02101			

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINS %
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC <input checked="" type="checkbox"/> Betterments & Improv <input checked="" type="checkbox"/> Bus. Income w/ ex. Expen	Contents 1/ Contents 2/ Business income **	50,000 50,000 150,000	5,000 5,000 0	100 100 33
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> 500 Deduct	RETRO DATE FOR CLAIMS MADE: None	GENERAL AGGREGATE PRODUCTS - CCMP/OP AG3 PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$ 0 \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$ 50,000 \$ 5,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER:	\$ \$ \$	
Garage Liability <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE: None	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION STATUTORY LIMITS	\$ \$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$ \$ \$	

SPECIAL CONDITIONS/OTHER COVERAGES
Inland Marine : Sign/ \$10,000/ \$500 Ded.Crime: Theft, Disappearance & Destruction/ \$10,000 In & \$10,000 Out/ \$1,000 Ded.** Includes off premisis power failure

NAME & ADDRESS

Yardley Holding Company 729 Benjamin Pavillion Jenkinson PA 19024	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

9610164cc 5702

SENT BY: Xerox Telecopier 7021 ; 2-22-84 ; 5:40PM :

5174820842-

7277467:# 1

CERTIFICATE OF INSURANCE

ISSUE DATE
02/23/84

PRODUCER
HOGG ROBINSON OF
NEW ENGLAND, INC.
88 BROAD STREET
SUITE 600
BOSTON, MA 02110 3499
ATTN: WILLIAM A. FERRANTI
617-387-8330 FAX 617-482-0848
INSURED

THIS CERTIFICATE ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER; IT DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE:

- LETTER A LANDMARK INSURANCE COMPANY
- COMPANY
- LETTER B
- COMPANY
- LETTER C
- COMPANY
- LETTER D
- COMPANY
- LETTER E

BONKERS FURNHOUSE PIZZA INC.
535 LOWELL STREET
PEABODY, MA 02145

THIS CERTIFIES THAT INSURANCE POLICIES BELOW HAVE BEEN ISSUED TO THE ABOVE INSURED FOR POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR DOCUMENT WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE HEREIN IS SUBJECT TO ALL TERMS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LTR	TYPE OF INS	POLICY NUMBER	EFF DATE	EXP DATE	LIMITS
A	GENERAL LIABILITY	8LGL284-8136	11/22/93	11/22/94	GEN AGGREG. \$ 20000000
X	COMMERCIAL GENERAL LIABILITY				PR-CMP/OF AG \$ 10000000
	CL MADE OCCUR.				PERS&ADV INJ \$ 10000000
	OWNER'S & CONTRACTORS PROTECTIVE				EA OCCUR. \$ 10000000
	AUTOMOBILE LIAB				FIRE DAMAGE \$ 50000
	ANY AUTO				MED. EXPENSE \$
	ALL OWNED AUTOS				COMBINED \$
	SCHEDULED AUTOS				SINGLE LIMIT \$
	HIRED AUTOS				BODILY INJ. \$
	NON-OWNED AUTOS				(PER PERSON) \$
	GARAGE LIABILITY				BODILY INJ. \$
	EXCESS LIABILITY				(PER ACCIDENT) \$
	UMBRELLA FORM				PROPERTY \$
	OTHER THAN UMBRELLA FORM				DAMAGE \$
	WORKERS' COMPEN-				EA OCCUR. \$
	SATION AND				AGGREGATE \$
	EMPLOYERS' LIABILITY				
	OTHER				
					STATUTORY LIMITS
					EA ACCIDENT \$
					DIS-POL LIM. \$
					DIS-EA EMPLY \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
MR. DAN BURKE
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INSPECTION
1018 COMMONWEALTH AVENUE
BOSTON, MA 02215
FAX 617-727-7467 THRSBURY
FORM 25-S (7/90)

CANCELLATION
SHOULD ABOVE POLICIES BE CANCELLED BEFORE EXPIRATION DATE, COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO CERTIFICATE HOLDER (AT LEFT); FAILURE TO MAIL NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE:

William A. Ferranti
HOGG ROBINSON
OF NEW ENGLAND, INC.

761016 H CC 5902

ACORD. CERTIFICATE OF INSURANCE DATE (MM/DD/YY)
3/08/94

PRODUCER K & X Insurance Group, Inc
1712 Magnavox Way
PO Box 2238
Fort Wayne IN 46801-2388

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Bonkers Funhouse Pizza Inc., of Weymouth
791 Bridge Street
N. Weymouth MA 02191

COMPANIES AFFORDING COVERAGE

COMPANY A	TransAmerica Premier Insurance Co.
COMPANY B	
COMPANY C	
COMPANY D	

COVERAGES:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	L7-36208160	2/22/94	2/22/95	GENERAL AGGREGATE \$ 0 PRODUCTS - COM/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Amusement Devices

CERTIFICATE HOLDER

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Task No.: 961016HCC 5702

1293 ✓

STATUS OF MISSING DOCUMENT

The purpose of this record is to notify the reader that the following document(s), which is/are missing from this report, will not be collected.

1. Photos
2. Authorization for Release of Name
3. _____

The investigator indicates in the report that he/she requested a copy of the above listed document(s), but the document(s) was/were not yet available when the investigation report was completed. The investigator intended to forward the document(s) for attachment to this report when the requested material was obtained.

The investigator has made numerous attempts, since the original request, to collect a copy of the requested document(s) but has not been successful. Because of the problems associated with the collection of this material and our limited investigation resources, no additional efforts will be made to collect the missing document(s).

We apologize for any inconvenience that the missing data may cause you.

Date: 11/10/97

Investigator No.: 9047

Regional Office: FOER

Supervisor No.: 8930