

1. TASK NUMBER 970304 CNE5090 <i>970304 CNE5090</i>		2. INVESTIGATOR'S ID 8057		EPIDEMIOLOGIC INVESTIGATION REPORT
3. OFFICE CODE 800	4. DATE OF ACCIDENT YR MO DAY 97 03 01	5. DATE INITIATED YR MO DAY 97 03 03		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT An 8 year old male and his 10 year old brother riding an amusement ride at a local fairground, were thrown from their seats to the boardwalk of the ride when the lap bar separated from the ride car at the junction of the lap bar/from pivot attachment. One victim sustained a broken ankle. The other a broken leg.				
7. LOCATION (Home, School, etc.) Fairground 59		8. CITY Plant City		9. STATE FL
10A. FIRST PRODUCT Amusement Ride 1293		10B. TRADE/BRAND NAME Super Himalalaya		10C. MODEL NUMBER Serial No. 1884
10D. MANUFACTURER NAME AND ADDRESS Treverchon Paris France				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME		11C. MODEL NUMBER
11D. MANUFACTURER NAME AND ADDRESS				
12. AGE OF VICTIM 10	13. SEX 1	14. DISPOSITION Treated & Released 01		15. INJURY DIAGNOSIS Fracture 57
16. BODY PART (S) INVOLVED Ankle 37	17. RESPONDENT Inspectors Ride Mgr & pair Mgr. 3	18. TYPE OF INVESTIGATION On-site 1		19. TIME SPENT (OPERATIONAL HOURS) 20
20. ATTACHMENT(S) Multiple 9	21. CASE SOURCE State Inspectors 12	22. SAMPLE COLLECTION <i>NO COMMENTS MADE</i> <i>Excisions/Revisions</i> <i>Firm has not requested</i> <i>further notice</i>		
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY) no				
24. REVIEW DATE 970313	25. REVIEWED BY 8342	26. REGIONAL OFFICE DIRECTOR BDS 3-12-97		
27. DISTRIBUTION O:EHDS CC:				

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NOTE: Information for this report was obtained from the State of Florida Ride Inspectors, and interviews with the Fairgrounds management, the ride operators and the owner/operator of the ride being operated on the fairgrounds.

PRE-INCIDENT: Three individuals were within the ride at the time of the accident. All three, the father and his 8 year old and 10 year old son were in the same car (tub). There is some discrepancy into the placement of the three within the tub. The placement varies from the father being in the outboard position with his 10 year old (200 lb) son in the middle and the 8 year old (80 lb) son in the innermost position - to the father being in the middle seat.

There is no indication that anything unusual was involved in the activities of the 3 passengers prior to the start-up of the ride.

The ride is on the Fairgrounds of the Plant City Strawberry Festival Fairgrounds, a once a year event, and the only event at this fairgrounds. As usual, the ride concession was awarded to The Mighty Blue Grass Shows, Tampa, Florida. The rides are mobile, bring transported to the fairgrounds and set up by the Blue Grass Shows. After set-up, the rides are inspected by the Florida State Inspectors, prior to being operated for the public. There are approx 70 rides on the fairgrounds.

The ride operates on a circular platform, with undulations along the track. The ride is controlled by the operator who maintains a position at the 9 o'clock position on the ride platform. This main operator controls the ride from start-up, rotation change and stopping. The controls can be seen in the attached photo 3 of exhibit 1. Note that this control panel includes an emergency stop button that is designed to stop the rotation within 1 1/2 to 2 revolutions. As the main operator cannot see behind the facade, from approximately the 2 o'clock position to the 11 o'clock position, there is a secondary operator at the 3 o'clock position who is able to observe behind the facade from approximately the 3 o'clock position to the 12 o'clock position. This secondary operator has an emergency stop button, but no other controls.

INCIDENT: After the 3 riders were seated in the tubs, and the riders enclosed with the lap bar and the outboard seat /lap bar clamping device, the ride was put in motion in the forward rotation mode. In this rotation, the ride moves clockwise with a maximum of 10 RPM. In this forward motion, force is exerted to the seat back, in effect pushing the riders into the seat back. The ride is then stopped and put into the reverse (counter-clockwise) rotation in which case the force is transferred to the front area of the tub, where the riders get some support from the lap bar as the reverse rotation tends to force the riders against the lap bar.

While in the reverse rotation, and at about the 3 o'clock position (facing the ride from the street) the secondary operator noted a foot outside of the tub, and he immediately

pressed the emergency stop button. The main operator noticed the tub coming at him at about the 10 o'clock position and he also pressed his emergency stop button. At this point, the main operator stated the lap bar appeared to be in place. The ride continued in the emergency stop position for approximately 1 1/2 to 2 rotations, finally stopping at the approximate 3 o'clock location, in front of the secondary operator. During the emergency stop operation, the lap bar came loose and was ejected from the tub, along with the 2 males who ended up on the boardwalk of the ride directly in front of the secondary operator. One male sustained a broken leg, the other a broken ankle. The father apparently was able to remain within the tub. Reports are that the father attempted to hold the two males within the tub, but he was unable to keep them within the tub.

The main operator called in the emergency to the on-grounds emergency team who were also assisted by the local EMT.

POST INCIDENT::

The victims were removed from the ride and transported to a local hospital where they were treated for the above broken leg and ankle and released.

The Florida State Inspectors were called and closed down the ride pending the results of their inspection. They observed that the lap bar had failed at the junction of the lap bar and the floor board. They observed that open, deformed "diaper" pins (please see photo 9 attached as exhibit 1) were found in the rear of the tub. As there were no pins in the lap bar/floor pivot position, it is assumed these distorted pins were the pins used to hold the lap bar to the floor pivot position. Continuing their inspection they observed that the diaper pins are located on the extreme forward corners of the tub a the floor board where it is exposed to the shoes of the riders. Conjecture is that the diaper pins in the exposed position, when contacted by a rider's shoe, either during entry or exit of the tub ,as well as the potential for shoe contact during the ride, could cause the diaper pin to deform and open, and consequently the vibration of the ride could lead to complete dislodgement of the pin with ultimate separation of the lap bar from the tub.

The inspectors also found that the lap bar is held at the entrance of the tub with a spring operated latch that appears to pass inspection in the direct upward pull position, however could fail if the latch bar is pulled to the outward position as it would be in the reverse rotation mode.

The inspectors required the ride owner to change out the diaper pins for "R" pins at the lap bar/floor pivot point. They also required the "R" pins to be "Tied" at the open end. After these requirements were met, the ride was placed back in operation, but only in the forward rotation .

The State inspection personnel then telephoned the manufacturer, in Paris ,France and the manufacturer agreed with the inspector's recommendation and the manufacturer stated he would issue notification to all known Himilaya owners to change out any diaper pins to tied off "R" pins at the lap bar/floor pivot joint.

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The State inspectors also recommended that an addition device, perhaps a strap, be installed at the entrance of the tub.

PRODUCT IDENTIFICATION:

The ride is known as the Super Himalaya,, serial 1884, manufactured by Reverchon, Paris France. This ride is being operated, on concession by the Mightly Blue Grass Shows, 2032 51st Street, Tampa, FL 33619 (813) 247-4431. The ride is approximately 5 years old and is a mobile ride on a semi-tractor truck with chassis # "008ORIGIN8021293A", see photo 10.

I do not have access to the ride manual, consequently I am unaware of the specified type of connector specified for use to connect the lap bar with the floor pivot joint.

The owner/operator of this ride stated that ,prior to this incident, he has had no problems with this ride, and no accidents on this ride.

Inspection of the ride disclosed it appears to be in very good condition, consistent with it's age.

SAMPLES COLLECTED: none

STANDARDS: I did not notice any certification on the equipment.

EXHIBITS:

- 1- Photographs of the ride
- 2- Draft of the State Inspection report

NOTE: additional information provided by Fairground management and ride owner/operator under separate cover.

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G04BCT 1

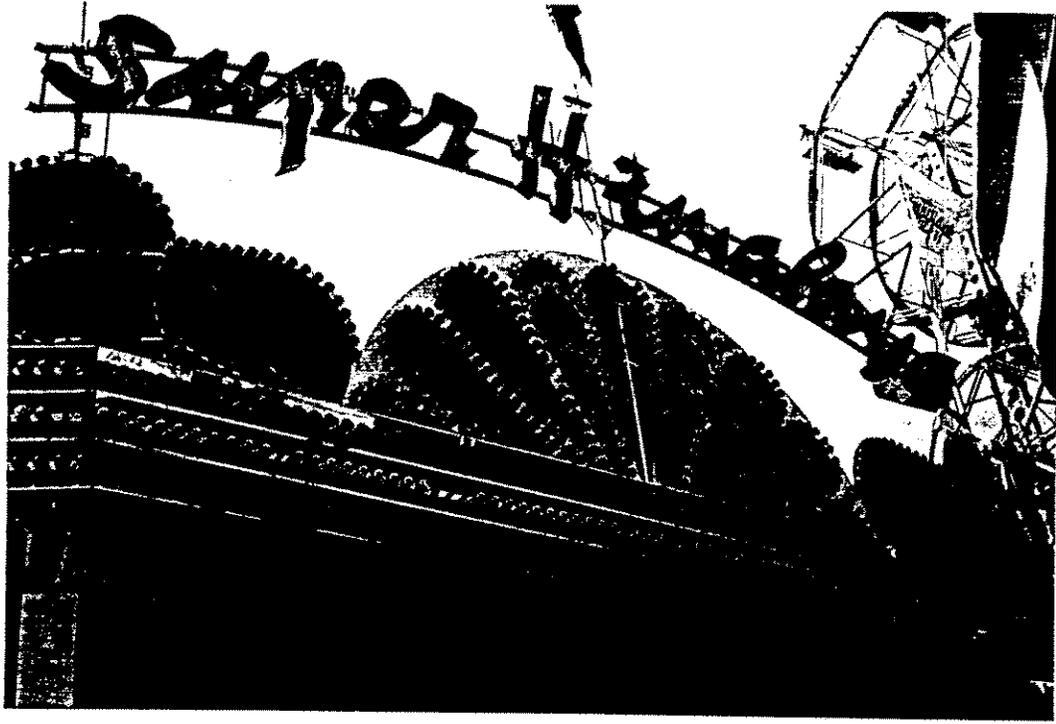
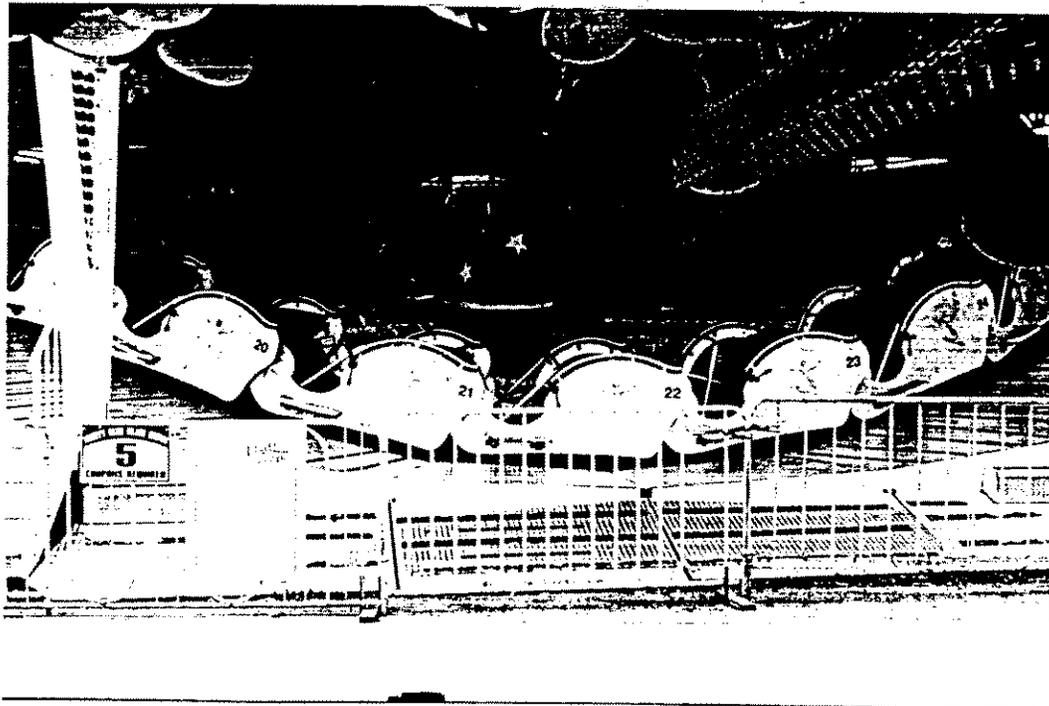
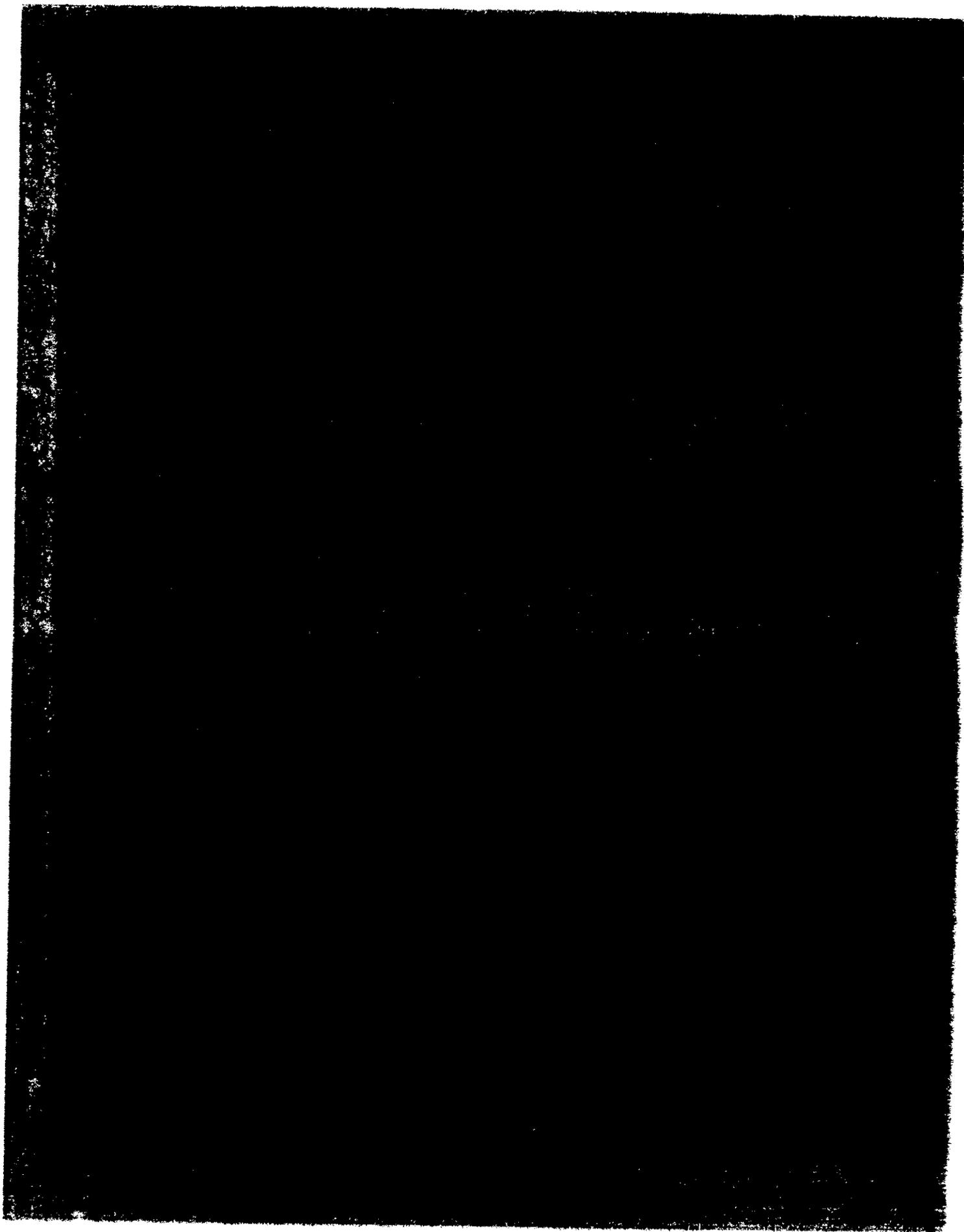


Photo 1 Overview of the super Himalaya on location 970304CNE5090
PHOTO 2 as above. The main operation station is to the left of this ride, approx half way up the ride boardwalk. The secondary station is to the right, half way up. Both stations are equipped with emergency stop switches. The ride was in reverse (counter clockwise) rotation. The secondary operator was the first to apply the emergency stop switch, followed by the main operator using his emergency stop switch. The secondary operator noted a foot coming out of the tub and activated the switch.





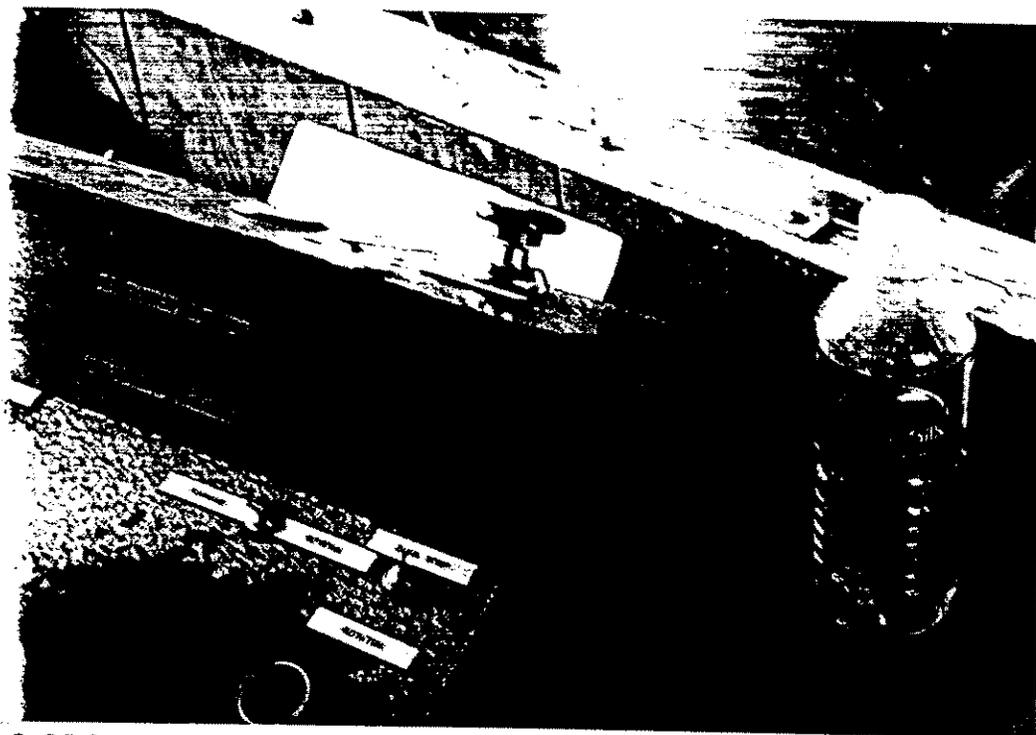
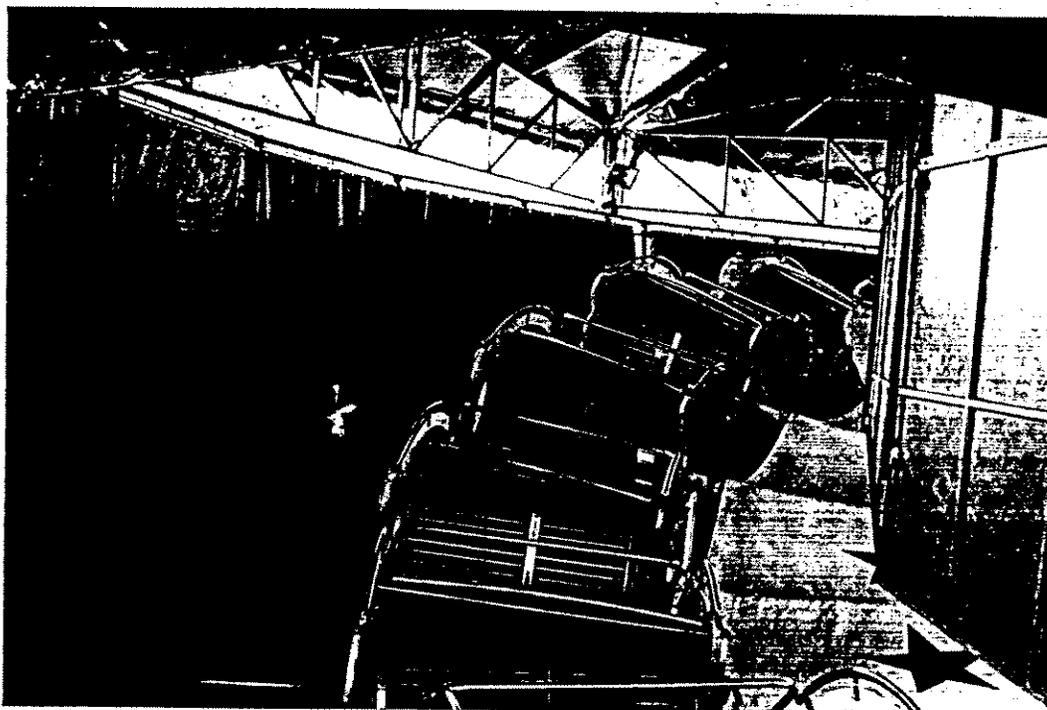


Photo 3 Main operator station with ride identification, "Reverchon/ 1880*". Note red emergency button above the identification plate.**

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PHOTO 4 View from the operator's station. the tubs were coming down towards the operator when ne noticed a foot outside of the tub. He applied the emergency stop switch, however the secondary operator had already applied the emergency stop switch from the opposite side of the ride. At this point ,the operator stated the lap bar was still in place. The subject tub and ride stopped at a bout 180 degrees from the operation station just in front of the secondary operator.



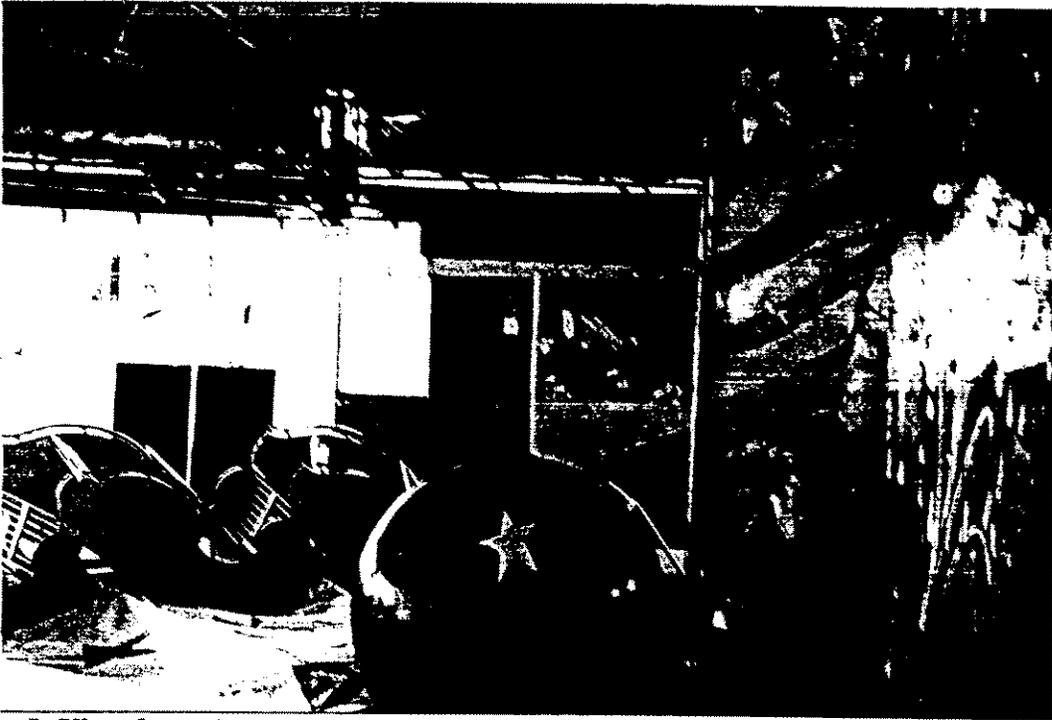


Photo 5 View from the secondary operation station looking directly across to the main operation station. The secondary operator at this location observed a problem as the tubs went in reverse rotation from his left to right, and as the tub passed behind the facade. He applied the emergency stop button at this stage. 970304CNE5090

Photo 6 Looking into the tub from the entrance end looking in towards the inner part of the ride and tub. Note the lap bar/pivot point connection in the center of this photo and its proximity to the metal front foot guard/rest. This connection had been secured with a "diaper" pin prior to the incident.

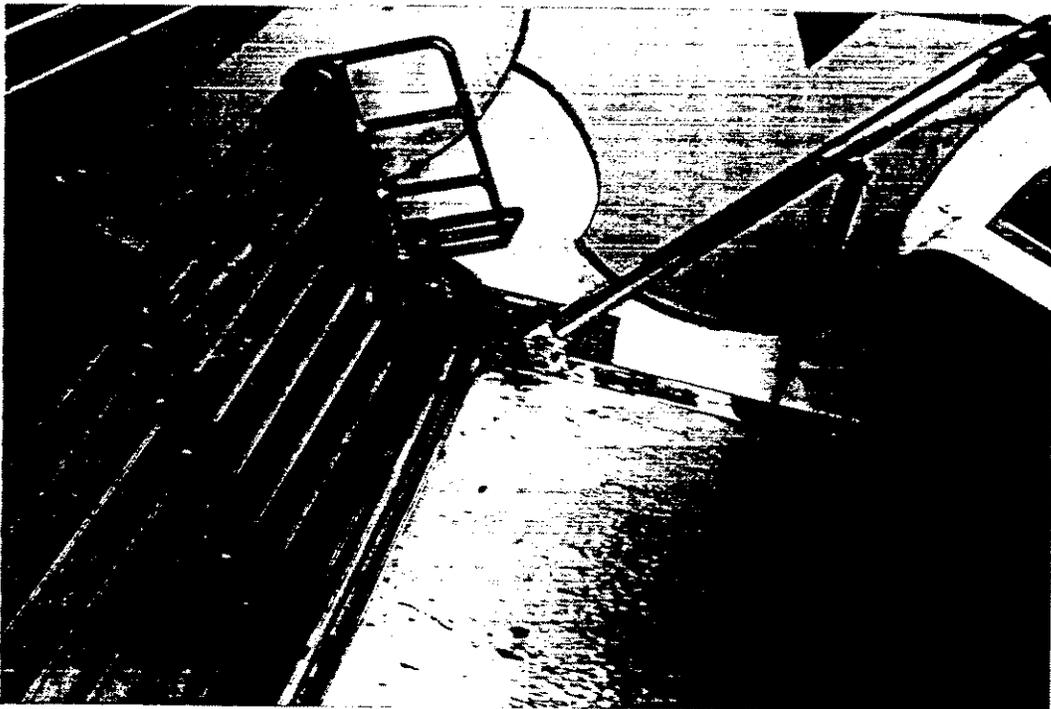
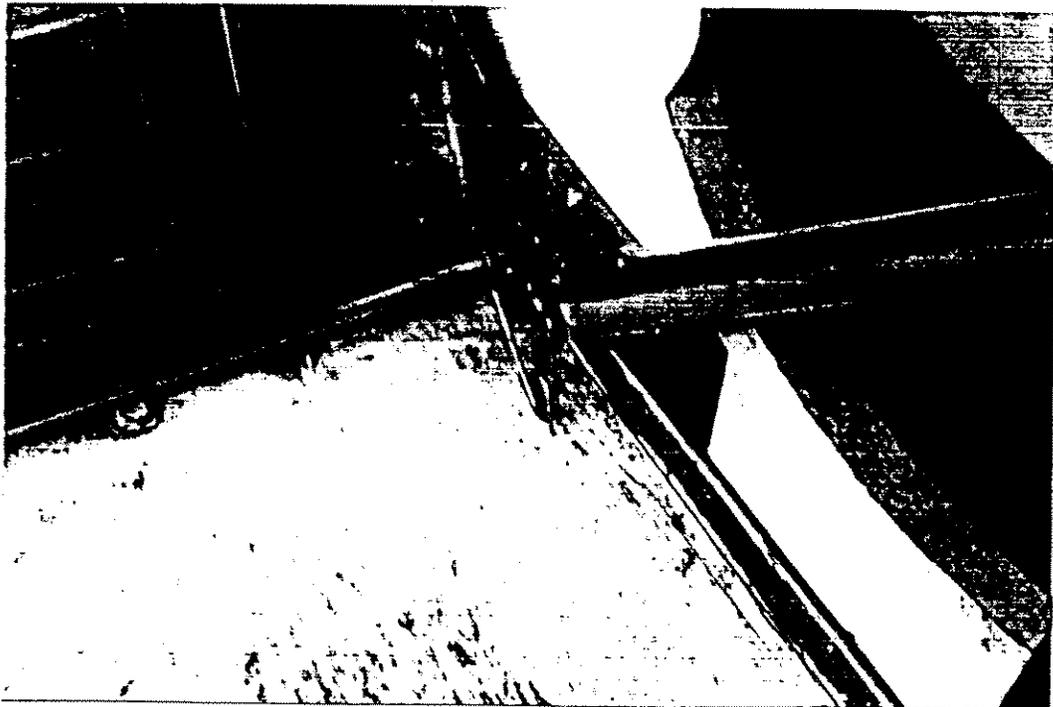




Photo 7 As in the prior photo. Note the ease at which the diaper pin can be contacted by the rider in entering, exiting or during the movement of the ride. 970304CNE5090
Photo 8 As above, note the bent diaper bin as a result of stepping on the pin. The pin is unhooked at this point. During subsequent movement of the ride, it appears that dislodgement of the diaper pin and subsequent detachment of the lap bar pivot could be a possibility.

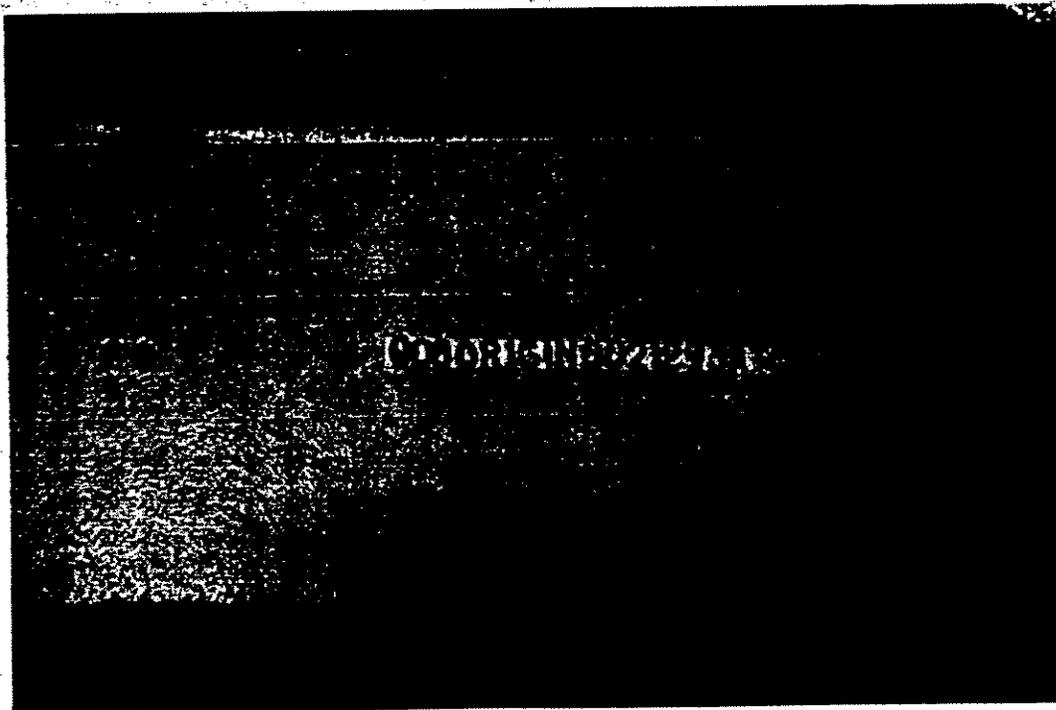


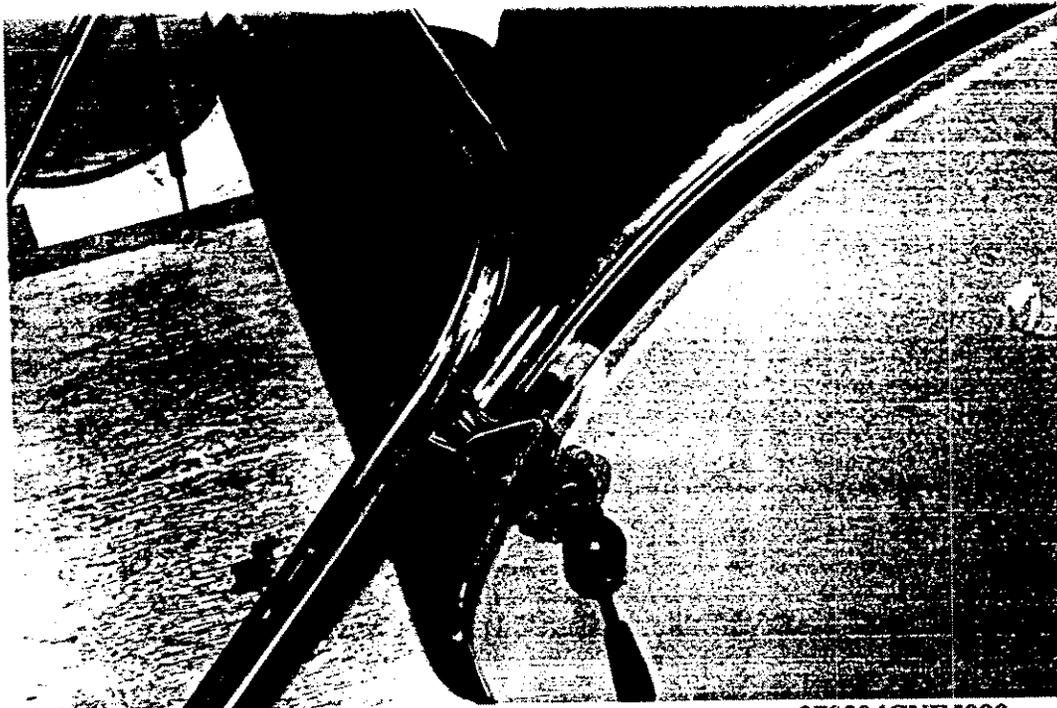


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Photo 9 "diaper" pins of the type previously used to secure the lap bar to the floor pivot point. These pins have now been replaced with "R" pins "tied" at the open end to preclude accidental opening of the pin.

Photo 10 Identification on the trailer bed used to carry this ride.





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Photo 11 Lap bar latch at the outside of the tub where the rider would enter the tub. the State inspectors determined the latch would be within specifications if the lap bar is pulled directly up, however, they also discovered that the lap bar when pulled to the outside edge (as it would be in rotation), the lap bar could be easily dislodged. The State inspectors proposed an addition strap at this latch to preclude the lap bar from opening while in rotation.

Photo 12 Possible wear point where the latch fits into the socket. The latch may hold in the direct up-pull motion, but may release as the lap bar is subjected to outside rotation pull to the right of this photo. The retaining protuberance within the socket is to the right in this photo, where the outside force would be to the left in rotation .



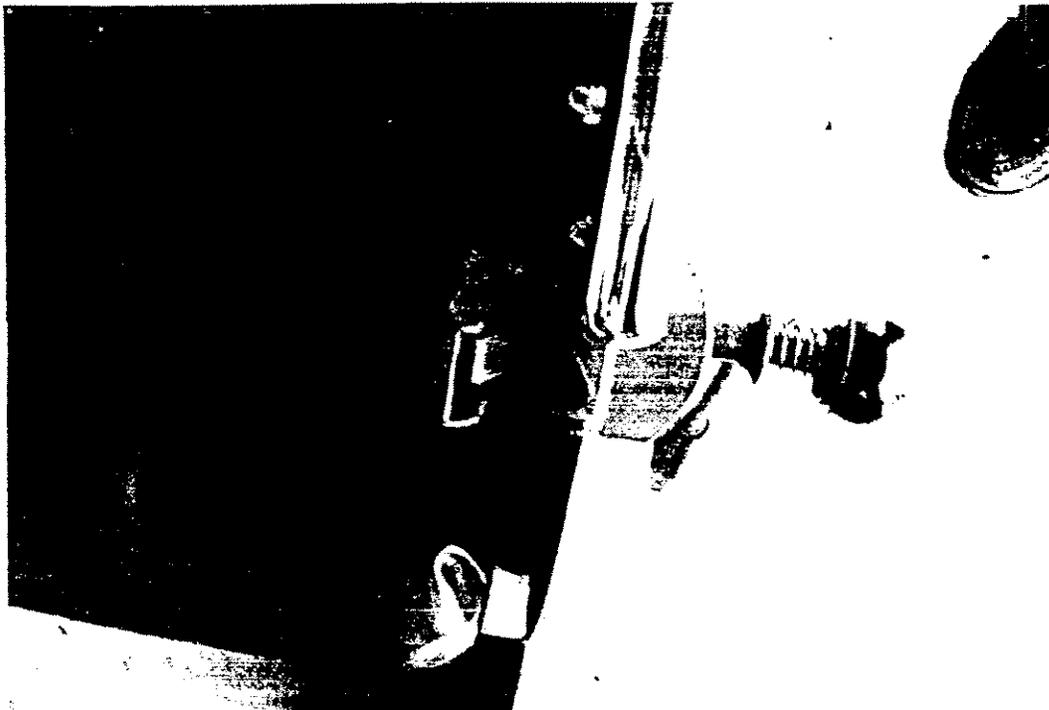
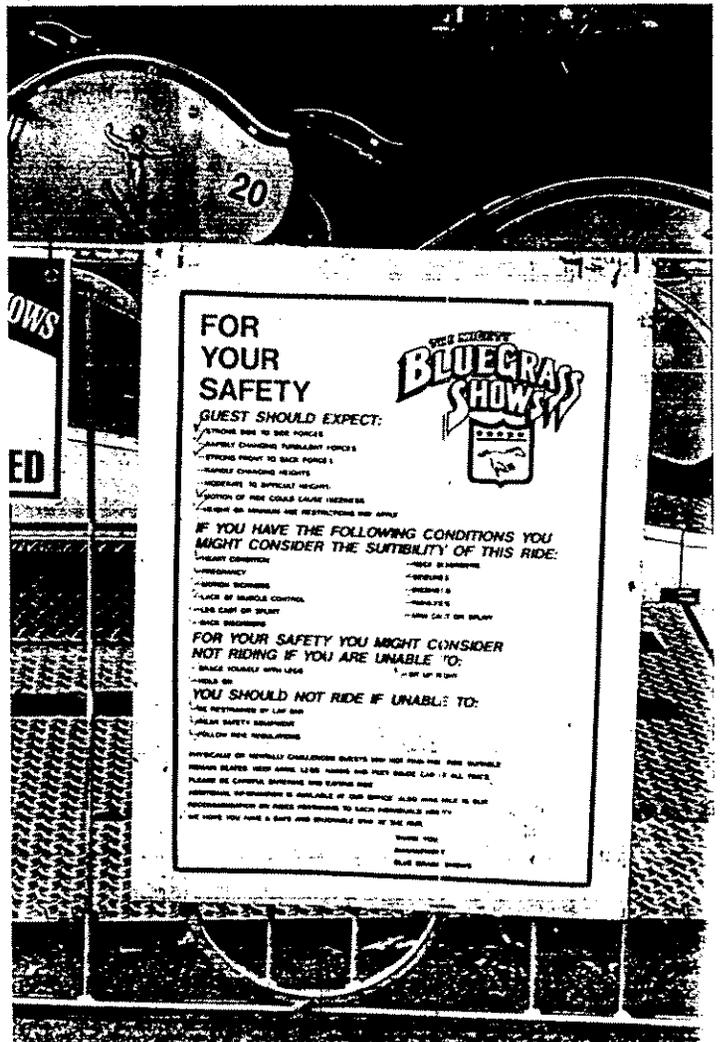


Photo 13 View of the latch as seen looking directly down into the latching mechanism. Note the spring operated protuberance is on the inside edge of this device, and is subject to wear, over time. 970304CNE5090

Photo 14 Close up view of the warning sign posted in front of the ride as seen in photo 2.



✓ KHF 7 #1
ACCIDENT REPORT *970304CNE-5090*
EXHIBIT 2

ACCIDENT March 1, 1997
DATE/TIME: 2:00 pm

LOCATION: Strawberry Festival
Plant City, FL

DEVICE: Super Himalaya

OWNER: Mighty Blue Grass Shows

MFG: Reverchon

USA ID: #03537

SN: 1884

INJURED: #1, #2, #3 see supplementary report by Supervisor Greenman

ACCIDENT INVESTIGATOR: Cliff Groscurth, Inspector #18

WITNESS: See Attachment #4 Police Report - Case #97-018191

RESPONSE TIME FRAME: 3:29 pm - Alpha Page from Bureau Chief
3:40 pm - Arrived at Strawberry Festival
9:30 pm - Left Strawberry Festival
10:15 pm - Off duty (HQ) Zephyrhills

ACTION TAKEN AFTER ARRIVAL:

Went to Blue Grass Shows office. Determined which amusement device was involved and where it is located on Festival grounds. Carnival Manager Mr. Bill Dixon accompanied me to the accident site.

When I arrived at the ride it was closed, fenced off, and being guarded by two Hillsborough County Sheriffs Deputies. I identified myself as the State of Florida inspector assigned to investigate this accident and asked for their assistance. They called their investigator Sheriff Deputy R.H. Keeter. Deputy Keeter provided me with his report (Attachment #4), notes (Attachment #6), two rolls of 35 mm film and 6 Polaroid photographs (Attachment #11), and two deformed "diaper pins" (Attachment #12).

These two retaining pins were recovered from under the seat of carrier #21. During the next (approximate) 6 hours (3:40 pm - 9:30 pm). This investigator performed the following tasks, not in chronological order:

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1. Reviewed/examined accident area.
2. Examined carrier #21.
3. Found and examined lap bar from carrier #21.
4. Interviewed police officers and police investigator.
5. Interviewed ride foreman - Jerry Johnson.
6. Interviewed ride 2nd man - Roderick Dixon.
7. Interviewed show manager - Bill Doss.
8. Interviewed show ride supervisor - Lawrence ?
9. Interviewed show owner - Jim Murphy.
10. Re-interviewed ride foreman.
11. Re-interviewed ride 2nd man.
12. Photographed ride, carriers and parts.
13. Inspected carrier #21 and lap bar for defects.
14. Inspected all carriers and lap bars.
15. Did complete primary inspection of entire device.
16. Completed amusement device/attraction inspection report.
17. Timed RPM of this Super Hymalaya.
18. Reassembled lap bar to carrier #21, looking for defects.
19. Collected documents (see Attachments).
20. Consulted with Supervisor Greenman.
21. Locked-out carrier #21 (until I can inspect it in better light and less confusion)
22. Put out of service carriers #20 and #22 (same reason as #21).
23. Informed Bill Doss of actions to be taken as relayed to me by Supervisor Greenman.
24. Confirmed compliance with #23.
25. Spoke with Strawberry Festival Director.
26. Found ride to be in compliance / reopened to public 6:55 pm.

DESCRIPTION OF ACCIDENT:

1. 3 passengers seated in carrier #21. Father seated on outside position, two children seated next to him. Lap bar in place and locked. (NOTE: this is the correct seating pattern)
2. Ride sequence begins, clockwise rotation (passengers moving forward).
3. Ride accelerates to maximum RPM (10).
4. Ride decelerates to complete stop.
5. Ride begins, counter clockwise rotation (passengers moving backward).
6. Before ride reaches maximum RPM operator in control booth (Jerry Johnson) sees something is wrong (passenger has one foot outside seat area and is raising up in the seat) as carrier #21 passes him.

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7. Ride operator Jerry Johnson activates the emergency stop switch on ~~the~~ ^{HIS} console.
8. Ride 2nd man Roderick Dixon sees something is wrong and activates his emergency stop switch. This switch and 2nd man's station is located 180 degrees across ride from operators booth.
9. Ride goes into emergency shut down.
10. As carrier #21 approaches the 2nd man's location the two children are thrown from the ride and land at the feet of the 2nd man with the lap bar on top of them.
11. The ride continues to rotate another 1-1½ revolutions in emergency shut down. (NOTE: Ride is designed to go from maximum RPM to a complete stop in 1½ -2 revolutions when put into emergency shut down).

FINDINGS: FACTS AS FOUND BY THIS INVESTIGATOR

- A. Both "diaper pins" missing from left and right lap bar pivot ^{PINS} ~~points~~. These pivot ~~points~~ are located in the right and left foot area of carrier. ^{PINS}
- B. Lap bar missing from carrier #21.
- C. Lap bar found leaning against the rear outside of ride.
- D. Received two bent-distorted "diaper pins" from police investigator. He recovered them from carrier #21. They were under the seat in the rear outside corner.
- E. Lap bar has no apparent defects.
- F. Lap bar pivot ~~points~~ ^{PINS} have no apparent defects.
- G. Lap bar lock has no apparent defects - it works.
- H. Both emergency stop switches work properly.
- I. Ride stops properly in emergency shut down.
- J. Ride at maximum speed ~~moves~~ ^{ROTATES} at manufacturers stated speed. 10 RPM
- K. All other carriers appear to be satisfactory.
- L. Operator was trained (see Attachment #7).
- M. Ride received its daily inspection (Attachment #10).

N. This investigator was unable to inspect carrier #21 and lap bar when reassembled to my satisfaction to determine suitability to be reopened. Getting dark, confusion of news crews at site. Locked out tub #21 until I can properly inspect it.

CONCLUSION:

This investigator can find no mechanical defect in carrier #21, lap bar connection areas or in the pivot pins. The lap bar lock has no apparent defects. Nothing that would mechanically explain the missing "diaper pins". "Diaper pins" are the recognized method of securing these lap bars.

While recreating the passenger seating arrangement I discovered that it was easy to place my foot on the lap bar retaining pins. In fact it was very natural to put my foot on top of the retaining pin to brace myself against the rides centrifical force.

When I examined the pins after bracing myself on them they were bent and distorted exactly like the two pins recovered from carrier #21 by Officer R.H. Keeter. With Officer Keeter's assistance we discovered it took very little force to bend the retaining pins. Any passenger seated in a carrier could easily bend these retaining pins making it possible for them to fall out immediately or at a later time.

Once these pins fell out, the lap bar and lap bar lock would continue to function properly until the unique combination of passenger numbers, body weight, body size and body motion reacting to the forces created by the ride forced the lap bar off its pivot points and out of its lock.

It is my opinion that the above is the most probable cause of this accident. I see no human design in this accident.

CORRECTIVE ACTION:

After consulting with supervisor Greenman, he ordered that all "diaper pin" type retaining pins be replaced with arc keys, fully seated and wire tied in place. In addition, this ride is to operate in a forward (clockwise direction) only. These measures apply until further notice.

970 304 CASE 5090

LIST OF ATTACHMENTS

1. Blue Grass Shows accident report
2. Blue Grass Shows accident report
3. Primary inspection - Blue Grass Shows Hymalaya
4. Police Report Case #97-018191
5. Adjusters statement
6. Police notes
7. Operator training
 - a. Aaron Thompson
 - b. Roderick Dixon
 - c. Reginald Dixon
 - d. Joseph Wokick
 - e. Jerry Johnson
8. Maintenance log
9. Ride specifications (copied from Owners Manual)
10. Daily inspection report
11. Photos - 1 roll by Inspector #18
2 rolls by Hillsborough County Sheriff Department
6 Polaroids by Hillsborough County Sheriff Department
12. Two deformed "diaper pins"
13. Press release

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CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Inspector Ron Safford Reported by State of Florida		2. TELEPHONE NO. (Home) (Work) Dept of Agriculture (904) 488-9790	
3. STREET ADDRESS Mayo Building		4. CITY STATE ZIP CODE Tallahassee, FL 32399	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) The State of Agriculture/Amusement ride Division reported to CPSC that there had been a lap bar failure of the Himalaya ride being operated in Plant City, FL at the Fairgrounds. The report indicates that the occupants received broken legs and a broken arm in the mishap. The report indicates the occupants were able to dislodge the lap bar hold down by stepping on the "R" pins designed to secure the lap bar. The State officials are aware of other similar failures on the Himalaya rides. <i>EX</i>			
6. DATE OF INCIDENT(S) 03/01/97	7. IF INJURY OR NEAR MISS, OBTAIN broken legs and arm AGE SEX AND DESCRIBE INJURY	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP unknown at present	
9. DESCRIPTION OF PRODUCT Himalaya amusement ride (Portable)		10. BRAND NAME Himalaya	11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Unknown at present
		12. MODEL SERIAL NO.'S unknown	
		13. DEALER'S NAME, ADDRESS & PHONE FAIR SITE- Plant City Fairgrounds Plant City, FL	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW USED DATE PURCHASED AGE unknown	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER		18. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER		18. IS THE PRODUCT STILL AVAILABLE? YES YYY NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES NO NNN
FOR ADMINISTRATION USE			
20. DATE RECEIVED 3/3/97 via phone & e mail	21. RECEIVED BY (Name & Office) Edward J. Morganto		22. DOCUMENT NO.
23. FOLLOW-UP ACTION			24. PRODUCT CODE(S) 1293
25. DISTRIBUTION			26. ENDORSER'S NAME & TITLE

3
3/3/97



*EMW
pls attach*

*970204CNE 5090
SUPPLEMENTAL*

3/27/97

Florida Department of Agriculture & Consumer Services
BOB CRAWFORD, Commissioner

7 APR 1997

Please Respond To:
BUREAU OF FAIR RIDES INSPECTION
3125 Conner Boulevard, Building 4
Tallahassee, Florida 32399-1650

March 20, 1997

Mr. Edward Morganto
US-CPSC
Post Office Box 1758
Windermere, Florida 34786-1758

1293

RE: Accident on Himalaya Amusement Device
Strawberry Festival, Plant City, Florida

Dear Mr. Morganto:

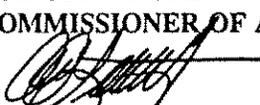
Enclosed are copies of reports and miscellaneous information, concerning the referenced accident, compiled to date. The documents include the following:

1. Florida Strawberry Festival, Update (Festival Committee)
2. Incident Report (Diana T. DeVercelly)
3. Bureau Accident Report (Mr. Cliff Groscurth; Inspection Specialist, Bureau of Fair Rides Inspection)
4. Photograph Report (Mr. Cliff Groscurth; Inspection Specialist, Bureau of Fair Rides Inspection)
5. Bureau Supplemental Report (Mr. Ronnie Greenman, Inspection Supervisor, Bureau of Fair Rides Inspection)
6. Accident Report (Mighty Blue Grass Shows; Owner of the device)
7. Incident Report w/Supplements (2) (Hillsborough County Sheriff's Office)

We are awaiting one more report on the State Fair Accident before we forward copies of those documents. Should you have any questions or need additional information, please do not hesitate to contact me at 904-488-9790 or at the Bureau's Conner Boulevard address.

Sincerely,

BOB CRAWFORD
COMMISSIONER OF AGRICULTURE


A. C. Littleton, Jr., PE
Field Administrator

Enclosures (7)

cc: Ron Safford, Chief
Ronnie Greenman, Inspection Supervisor

THE CAPITOL • TALLAHASSEE, FL 32399-0800

Florida Strawberry Festival®

UPDATE

UPDATE TO YESTERDAY'S ACCIDENT ON STRAWBERRY FESTIVAL MIDWAY

March 2, 1997

FOR IMMEDIATE RELEASE

For More Information Contact:
Patsy Brooks, General Manager
(813)752-9194

Yesterday, at approximately 2:00 p.m., two males were injured on the Florida Strawberry Festival midway while riding the "Himalaya." The youngsters were treated at South Florida Baptist Hospital and released today.

Response to the accident from the Emergency Medical Service's Advanced Life Support was immediate. Three EMS stations are located on festival grounds, one of which is located on the midway.

The ride was immediately closed according to proper procedure required by the Florida Department of Agriculture and Consumer Service's Ride and Inspection Department. Ronnie Greenman, Supervisor of Ride Inspection, dispatched a ride inspector to the site.

After re-inspecting the ride, the state inspector found the ride was in compliance with the manufacturer's specifications and was re-opened.

The Himalaya was inspected on 2-24-97 by the Florida Department of Agriculture and Consumer Services, before the festival opened on the 2-27. All rides are inspected on a daily basis by The Mighty Bluegrass Shows.

This is the extent of the information that has been made available to the Florida Strawberry Festival.

All further questions should be directed to Inspector Ronnie Greenman at the Florida Department of Agriculture and Consumer Services. He may be reached Monday at (904) 488-9790.

-30-



P. O. Drawer 1869 • Plant City, Florida 33564-1869 • Phone (813) 752-9194

FAX (813) 754-4297

Location: 2202 West Reynolds Street • Plant City, Florida 33567

RE: INJURY INCIDENT ON SUPER HIMALAYA RIDE IN MIDWAY ON 3/1/97 @ APPROX. 2:00 p.m

CAUSE: Undetermined at this time, although evidence of possible mechanical defect present: cotter pins holding bar in place while ride in motion came loose restraining bar disengaged from seat #21.

OCCURENCE: Ride was in motion in reverse in its normal cycle when ride operator noticed restraining bar in upward position on car #21; immediately threw cut-off switch; ride continued in reverse for approx. 1 1/2 revolutions before stopping. After the cut-off switch was thrown but before the ride came to a complete stop, riders in #21 was ejected from the seat; struck a steel beam of the ride frame construction which was approx. 4 feet to the outside of the revolving cars/seats, landing on the metal flooring of the ride.

RIDERS/INJURIES: 1) Joshua Spencer, 2909 Dodge Dr. Polk City, FL 33868
DOB: 5/7/89 (941) 984-3242; head laceration, possibly requiring stitches; swollen ankle-fx not ruled out at this time
2) Donald Spencer, 2909 Dodge Dr. Polk City, FL 33868
DOB: 10/20/86 (941) 984-3242; lip laceration; rt. tibia/fibula fx

Both taken by EMS to So. Fla. Baptist Hospital for treatment - mother Deborah Spencer accompanying them.

RIDE OWNERS/
OPERATORS:

The Mighty Blue Grass Shows; Operators: Jerry Johnson, 2032 S51st., Tampa, FL DOB 2/6/52; office # 247-4431; Joseph Wokich, DOB 7/10/75, 754-3460; Ride Certification was observed properly displayed - No 609938; USA ID # 2537; date of inspection on 1/31/97 by the Dept. of Agriculture inspector #20.

WITNESSES:

- 1) Shelley Renee Bixler; 2828 Stone Land Lane, Sarasota, FL 34231; DL# B246-796-75-878-0; DOB 10/18/75; (941) 925-3427 - work #; (941) 927-1070; Rider
- 2) Richard Troy Bixler (husband) address as above; DL# B246-758-75-094- DOB: 3/18/75; Work# (941) 493-5204; Rider
- 3) Sara Hall w/f; DOB 12/23/84; 2918 Clubhouse Dr, Plant City; (813) 754-2059; walking through Midway
- 4) Christina Genualdi W/F; DOB 5/30/85; 2606 Lakeview Way, Plant City, (813) 754-6357; walking through Midway
- 5) Michelle Sherrill, w/f DOB 2/23/59; 3506 North Tindle Rd., Plant City, (813) 754-2160; standing between rides.

ON SITE:

EMS responded for injured parties; Hillsborough Sheriff Deputies responded and evacuated ride and closed off for investigation; Deputy R. Keeter investigating deputy, badge #373; Hills Sheriff rept. # 97-018191. personnel from The Mighty Blue Grass Shows on site; on site Festival adjuster, Diana T. DeVercelly from Affiliated Adjusters & Appraisers. Ride Inspectors from Dept. of Agriculture & Consumer Services were called to Midway - Cliff Groscurth #18 and Lewis J. Merz (904) 488-9790 - Their report of findings not available at the time of this briefing. Ride Owner has notified their primary ins. carrier for further handling.

Diana T. DeVercelly "Fo Peep"
Affiliated Adjusters & Appraisers

ACCIDENT REPORT

ACCIDENT March 1, 1997

DATE/TIME: 2:00 pm

LOCATION: Strawberry Festival
Plant City, FL

DEVICE: Himalaya

OWNER: Mighty Blue Grass Shows

MFG: Reverchon

USA ID: #03537

SN: 1884

INJURED: #1, #2, #3 see supplementary report by Supervisor Greenman

ACCIDENT INVESTIGATOR: Cliff Groscurth, Inspector #18

WITNESS: See Attachment #4 Police Report - Case #97-018191

RESPONSE TIME FRAME: 3:29 pm - Alpha Page from Bureau Chief
3:40 pm - Arrived at Strawberry Festival
9:30 pm - Left Strawberry Festival
10:15 pm - Off duty (HQ) Zephyrhills

ACTION TAKEN AFTER ARRIVAL:

Went to Blue Grass Shows office. Determined which amusement device was involved and where it was located on Festival grounds. Carnival Manager Mr. Bill Doss accompanied me to the accident site.

When I arrived at the ride it was closed, fenced off, and being guarded by two Hillsborough County Sheriffs Deputies. I identified myself as the State of Florida inspector assigned to investigate this accident and asked for their assistance. They called their investigator Sheriff Deputy R.H. Keeter. Deputy Keeter provided me with his report (Attachment #4), notes (Attachment #6), two rolls of 35 mm film and 6 Polaroid photographs (Attachment #11), and two deformed "diaper pins" (Attachment #12). These two retaining pins were recovered from under the seat of carrier #21 by Deputy Keeter.

During the next (approximate) 6 hours (3:40 pm - 9:30 pm). This investigator performed the following tasks, not in chronological order:

1. Reviewed/examined accident area.
2. Examined carrier #21.
3. Found and examined lap bar from carrier #21.
4. Interviewed police officers and police investigator.
5. Interviewed ride foreman - Jerry Johnson.
6. Interviewed ride 2nd man - Roderick Dixon.
7. Interviewed show manager - Bill Doss.
8. Interviewed show ride supervisor - Lawrence Wilkens.
9. Interviewed show owner - Jim Murphy.
10. Re-interviewed ride foreman.
11. Re-interviewed ride 2nd man.
12. Photographed ride, carriers and parts.
13. Inspected carrier #21 and lap bar for defects.
14. Inspected all carriers and lap bars.
15. Did complete primary inspection of entire device.
16. Completed amusement device/attraction inspection report.
17. Timed RPM of this Himalaya.
18. Reassembled lap bar to carrier #21 looking for defects.
19. Collected documents (see Attachments).
20. Consulted with Supervisor Greenman.
21. Locked-out carrier #21 (until I can inspect it in better light and less confusion)
22. Put out of service carriers #20 and #22 (same reason as #21).
23. Informed Bill Doss of actions to be taken as relayed to me by Supervisor Greenman.
24. Confirmed compliance with #23.
25. Spoke with Strawberry Festival Director.
26. Found ride to be in compliance / reopened to public 6:55 pm.

DESCRIPTION OF ACCIDENT:

1. Three passengers seated in carrier #21. Father seated in outside position, two children seated next to him. Lap bar in place. This is the correct seating pattern. (See supplementary report by Supervisor Greenman)
2. Ride sequence began with clockwise rotation (passengers moving forward).
3. Ride accelerated to maximum RPM (10).
4. Ride decelerated to complete stop.
5. Ride began counter clockwise rotation (passengers moving backward).
6. Before ride reached maximum RPM in reverse, operator in control booth (Jerry Johnson) saw something was wrong (passenger had one foot outside seat area and was raising up in the seat) when carrier #21 passed him.

7. Ride operator Jerry Johnson activated the emergency stop switch on his console.
8. Ride 2nd man Roderick Dixon saw something was wrong and activated his emergency stop switch. This switch and 2nd man's station is located 180 degrees across ride from operators booth.
9. Ride went into emergency shut down.
10. As carrier #21 approached the 2nd man's location the two children were thrown from the ride and landed at the feet of the 2nd man with the lap bar on top of them.
11. The ride continued to rotate another 1-1½ revolutions in emergency shut down. Ride is designed to go from maximum RPM to a complete stop in 1½ -2 revolutions when put into emergency shut down.

FINDINGS: FACTS AS FOUND BY THIS INVESTIGATOR

- A. Both "diaper pins" missing from left and right lap bar pivot shafts. These pivot shafts are located in the right and left foot area of carrier.
- B. Lap bar missing from carrier #21.
- C. Lap bar found leaning against the rear outside of ride.
- D. Received two bent-distorted "diaper pins" from Sheriff's investigator. He recovered them from carrier #21. They were under the seat in the rear outside corner.
- E. Lap bar had no apparent defects.
- F. Lap bar pivot shafts had no apparent defects.
- G. Lap bar lock had no apparent defects. It worked properly.
- H. Both emergency stop switches worked properly.
- I. Ride stopped properly in emergency shut down.
- J. Ride at maximum speed rotated at manufacturers stated speed. 10 RPM
- K. All other carriers appeared to be satisfactory.
- L. Operator was trained - see Attachment #7.

M. Ride received its daily inspection - Attachment #10.

N. This investigator was unable to inspect carrier #21 and lap bar when reassembled to my satisfaction to determine suitability to be reopened. Because it was getting dark and the confusion of news crews at site. Locked out tub #21 until I could properly inspect it.

DISCUSSION:

This investigator found no mechanical defect in carrier #21, lap bar connection areas or in the pivot shafts. The lap bar lock had no apparent defects. Nothing that would mechanically explain the missing "diaper pins". "Diaper pins" are a recognized method of securing these lap bars.

While recreating the passenger seating arrangement I discovered that it was easy to place my foot on the lap bar retaining pins. In fact it was very natural to put my foot on top of the retaining pin to brace myself against the ride's centrifugal force.

When I examined the pins after bracing myself on them they were bent and distorted exactly like the two pins recovered from carrier #21 by Officer R.H. Keeter. With Officer Keeter's assistance we discovered it took very little force to bend the diaper pins. Any passenger seated in a carrier could easily bend these diaper pins making it possible for them to fall out either immediately or at a later time.

CONCLUSION:

Once the retaining pins fell out, the lap bar and lap bar lock would continue to function properly until the unique combination of passenger numbers, body weight, body size and body motion reacting to the forces created by the ride forced the lap bar off its pivot shafts and out of its lock.

It is my opinion this is the most probable cause of this accident.

CORRECTIVE ACTION: Temporary

After consulting with supervisor Greenman, he ordered that all "diaper pin" type retaining pins be replaced with "R" keys, fully seated and wire tied in place. In addition this ride is to operate in a forward, clockwise direction, only. These measures apply until further notice.

CORRECTIVE ACTION: Suggested design change

The retaining pins, of any type, used to hold the lap bar on its pivot shafts need to be shielded from passenger access. This will prevent intentional tampering or accidental dislodgement.

LIST OF ATTACHMENTS

1. Blue Grass Shows accident report
2. Blue Grass Shows accident report
3. Primary inspection - Blue Grass Shows Himalaya
4. Police Report Case #97-018191
5. Adjusters statement
6. Police notes
7. Operator training
 - a. Aaron Thompson
 - b. Roderick Dixon
 - c. Reginald Dixon
 - d. Joseph Wokick
 - e. Jerry Johnson
8. Maintenance log
9. Ride specifications (copied from Owners Manual)
10. Daily inspection report
11. Photos - 1 roll by Inspector #18
 - 2 rolls by Hillsborough County Sheriff Department
 - 6 Polaroids by Hillsborough County Sheriff Department
12. Two deformed "diaper pins"
13. Press release



BOB CRAWFORD
COMMISSIONER

STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
904/488-9790 904/488-9023 FAX
FAIR RIDES INSPECTION
PHOTOGRAPH REPORT

Section 616.242 (5)(g) F.S.

SITE: <input type="radio"/> OTHER <input checked="" type="radio"/> TEMPORARY <input type="radio"/> PERMANENT		INSPECTION: <input type="radio"/> OTHER <input type="radio"/> SCHEDULED <input type="radio"/> RETURN <input type="radio"/> UNANNOUNCED <input checked="" type="radio"/> OTHER	
DATE <u>3-1-97</u>	INSPECTOR # <u>18</u>	CONFIRMATION # <u>030197-01</u>	PRIMARY COMPANY _____
DEVICE OWNER <u>BLUE GRASS SHOWS</u>	USAID # <u>03537</u>		EVENT NAME _____
DEVICE NAME <u>HIMALAYA</u>	PERMIT DECAL # _____		ADDRESS _____
MFG <u>REYERCHON</u>	CERTIFICATE TO OPERATE # <u>601616</u>		CITY _____
WHEN FACING DEVICE/ATTRACTION: LEFT <u>KAMAYANE</u> RIGHT <u>SKY WHEEL</u>			COUNTY _____

Photo #1 SHOWS FRONTAL VIEW OF THIS HIMALAYA.
#21 CARRIER IS UP HILL TO THE LEFT

Photo #2 CARRIER #21. SHOWS MISSING LAP
BAR. CARRIER TO THE RIGHT #22 SHOWS
PROPER LAP BAR CONFIGURATION.

Photo #3 CARRIER #21. SHOWING LAP BAR PIVOT
PINS + BROKEN STUB OF AIR SHOCK
AND IT'S RETAINING CHIP.

Photo #4 CARRIER #21 - SAME AS NUMBER 3
BUT CLOSE UP

Photo #5 CARRIER #21 LAP BAR PIVOT PIN
LOOKING DOWN UNIT.

3-3-97
Date

Chill Proctor
Inspector's Signature
Division of Standards



STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

904/488-9790 904/488-9023 FAX

FAIR RIDES INSPECTION
PHOTOGRAPH REPORT

Section 616.242 (5)(g) F.S.

BOB CRAWFORD
COMMISSIONER

SITE: (CIRCLE ONE) <input checked="" type="radio"/> TEMPORARY <input type="radio"/> PERMANENT		INSPECTION: (CIRCLE ONE) <input checked="" type="radio"/> SCHEDULED <input type="radio"/> RETURN <input type="radio"/> UNANNOUNCED <input type="radio"/> OTHER	
DATE <u>3-1-97</u>	INSPECTOR # _____	CONFIRMATION # _____	PRIMARY COMPANY# _____
DEVICE OWNER <u>BWKE GRASS SHOWS</u>	USAID # _____		EVENT NAME _____
DEVICE NAME _____	PERMIT DECAL # _____		ADDRESS _____
MFG _____	CERTIFICATE TO OPERATE # _____		CITY _____
WHEN FACING DEVICE/ATTRACTION: LEFT _____	RIGHT _____		COUNTY _____

Photo #6 SHOWS TWO SMALLER PINS DEFORMED
BY INSPECTOR WHILE HE WAS SEATED IN CARRIER.
LARGER PIN WAS DEFORMED EVEN EASIER
THAN THE SMALLER ONES - DUE TO INCREASED LEVERAGE

Photo #7 CARRIER #22 SHOWING HOW LAP BARS
ARE CONNECTED TO PIVOT PINS IN ALL
OTHER CARRIERS

Photo #8 _____

Photo #4 _____

Photo #5 _____

3-3-97
Date

[Signature]
Inspector's Signature
Division of Standards

Supplemental Report
By: Supervisor Ronnie Greenman
March 1, 1997

Accident: March 1, 1997
Date/Time: Approx. 1:50 pm

Place of Accident: Strawberry Festival
Plant City, FL

Action Taken: At approximately 3:50 pm on March 1, 1997, I checked my Bureau of Fair Rides Pager system. Bureau Chief Ron Safford had left a message, reporting an amusement ride accident at the Strawberry Festival.

I contacted James Murphy - owner of the ride, Blue Grass Shows (813) 754-3460. I contacted the Strawberry Fair manager "Patsy" (813) 752-4779. I contacted the South Florida Baptist Hospital, ER Room (813) 757-1200.

Victim #1: Donald Spencer, age 35, DOB 12-06-62, father of the other two victims. Injury to left arm. Extent not know at the time.

Victim #2: Donald Spencer II, age 10, DOB 08-20-86, multiple cuts to the head/face; injury to left knee; broken right leg.

Victim #3: Joshua James Spencer, age 7, DOB 05-07-89, broken left leg, cut on head.

Victims

Home Address: 2909 Dodge Drive, Polk City, FL 33868 [PH: (941) 984-3242]

I spoke with Mr. Spencer and his wife Deborah Spencer (time 5:30 pm). Mr. Spencer stated he was seated on the left side of the carrier, Donald was seated in the center of the carrier and Joshua was seated on the right side of the carrier, facing forward.

NOTE: Mr. Spencer's weight is approximately 220 lbs.
Donald II's weight is approximately 230 lbs.
Joshua's weight is approximately 80 lbs.

Mr. Spencer stated he tried to hold the boys in the carrier when the lap bar had broke away. He yelled at the operator to stop, "but they continued to run the ride". Ride was turning in reverse.

NOTE: This ride takes approximately 1 ½ to 2 turns to stop after the stop control is placed into its mode.

NOTE: State Inspector was at the site 10 minutes after being notified. See accident report for more details. Additional information: 03-02-97 the two boys were held in the hospital over night and are receiving therapy.

Ronnie M. Greenman



STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

904/488-9790 904/488-9023 FAX

FAIR RIDES INSPECTION

AMUSEMENT DEVICE/ATTRACTION INSPECTION REPORT

Section 616.242 (5)(g) and (5)(h) F.S.

OB CRAWFORD
COMMISSIONER

SITE: <input type="radio"/> CIRCLE ONE <input checked="" type="radio"/> TEMPORARY <input type="radio"/> PERMANENT	INSPECTION: <input type="radio"/> CIRCLE ONE <input type="radio"/> SCHEDULED <input type="radio"/> RETURN <input type="radio"/> UNANNOUNCED <input checked="" type="radio"/> OTHER
DATE <u>3-1-97</u> INSPECTOR # <u>18</u> CONFIRMATION # <u>030197-01</u>	PRIMARY COMPANY _____
DEVICE OWNER <u>BLUE GRASS</u> USAID # <u>09537</u>	EVENT NAME _____
DEVICE NAME <u>SUPER HIMALAYA</u> PERMIT DECAL # <u>500834</u>	ADDRESS _____
MFG <u>REVERCHON</u> CERTIFICATE TO OPERATE # <u>611616</u>	CITY _____
WHEN FACING DEVICE/ATTRACTION: LEFT <u>AMMIBAZE</u> RIGHT <u>SKY WHEEL</u>	COUNTY _____

6:55 Inspector Complete

INSPECTION REQUIREMENT CHECKLIST:
P = Passed N = Not Applicable

1. REQUIRED

- a. Daily Inspec. Reports _____
- b. Insurance Certificate _____
- c. Annual/NDT Inspections _____
- d. Check Manuals _____
- e. Mfg. I.D. Plate 1884

4. CARRIERS

- a. Attachments _____
- b. Sweeps Carriers BELOW
- c. Restraints BELOW
- d. Seats/Padding _____
- e. Conditions _____

2. INSTALLATION

- a. Blocking BELOW
- b. Stairs/Ramps/Walkways _____
- c. Fencing/Guarding _____
- d. Braces/Guys/Anchors BELOW
- e. Signs _____
- f. Electrical _____

5. OPERATION

- a. RPM Check 100RPM
- b. Controls _____
- c. Brakes _____
- d. Limit Controls _____
- e. Communications _____

3. STRUCTURAL

- a. Hydraulics/Pneumatics REPLACE HOISTING WITH ARUB KEYS
- b. Pins/Bolts/Keys _____
- c. Condition NO REVERSE RUNNING
- d. Tires/Wheels/Coasters _____
- e. Bearings/Spindles/Axles _____
- f. Track _____

MR BILL DOSE HAS COMPLIED WITH BUREAU DIRECTIVE REGARDING REPLACE HOISTING. OTHER TEMPORARY SAFETY CHANGES

INSPECTION RESULTS: TIGHTEN BLOCKING ON INDEED PIVOTING REAR OF SCIENTIF
 ONE LOOSE FITTING ON SCIENTIF SUPPORT OF LOCK-OUT TITS #21
 LOCK-OUT # 500910 CANN'T INSPECTED LAP BAR SATISFACTORY AT THIS TIME, PRESERVE
 INTERITY OF NO PASSENGERS IN THIS FAB CARRIA FOR FURTHER INSPECTION
 MR STATES OPERATOR IS TRAINED IN LEADING OPERATION OF THIS DEVICE

IMMINENT DANGER ORDER HEREBY ISSUED, when box is checked. The above identified amusement device or amusement attraction is not in compliance with Section 616.242 (5)(h) F.S., manufacturer's specifications or ASTM Standards. The amusement device or amusement attraction failed to pass inspection for the above reasons and must be reinspected by the department prior to opening to the public. Stop Operation Order # _____

[Signature]
Inspector's Signature
DIVISION OF STANDARDS

I acknowledge receipt of this inspection report and associated orders as listed above. NOTICE OF RIGHTS (SEE OTHER SIDE)
[Signature]
Owner/Manager/Designee Signature



COPY
STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
904/488-9790 904/488-9023 FAX
FAIR RIDES INSPECTION

Dnd
Page 31 of 38

BOB CRAWFORD
COMMISSIONER

Blue Grass

AMUSEMENT DEVICE/ATTRACTION INSPECTION REPORT

Section 616.242 (5)(g) and (5)(h) F.S.

SITE: <input type="checkbox"/> SINGLE OWNED <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	INSPECTION: <input type="checkbox"/> SINGLE OWNED <input checked="" type="checkbox"/> SCHEDULED <input type="checkbox"/> RETURN <input type="checkbox"/> UNANNOUNCED <input type="checkbox"/> OTHER
DATE: <u>2-24-97</u> INSPECTOR # <u>J.</u> CONFIRMATION # <u>022697-1</u>	PRIMARY COMPANY _____
DEVICE OWNER: <u>Blue Grass</u> USAID # <u>2537</u>	EVENT NAME _____
DEVICE NAME: <u>SUPER HIMALAYA</u> PERMIT DECAL # <u>500834</u>	ADDRESS _____
MFG: <u>Reverchon</u> CERTIFICATE TO OPERATE # <u>601114</u>	CITY _____
WHEN FACING DEVICE/ATTRACTION: LEFT <u>KAMAKAZI</u> RIGHT <u>SKY WHEEL</u>	COUNTY _____

INSPECTION REQUIREMENT CHECKLIST:
P = Passed N = Not Applicable

- | | |
|---|--|
| <p>1. REQUIRED</p> <p>a. Daily Inspec. Reports <input checked="" type="checkbox"/> _____</p> <p>b. Insurance Certificate <input checked="" type="checkbox"/> _____</p> <p>c. Annual/NDT Inspections <input checked="" type="checkbox"/> _____</p> <p>d. Check Manuals <input checked="" type="checkbox"/> _____</p> <p>e. Mfg. I.D. Plate <input type="checkbox"/> <u>S/N 1884</u></p> <p>2. INSTALLATION</p> <p>a. Blocking <input checked="" type="checkbox"/> _____</p> <p>b. Stairs/Ramps/Walkways <input checked="" type="checkbox"/> _____</p> <p>c. Fencing/Guarding <input checked="" type="checkbox"/> _____</p> <p>d. Braces/Guys/Anchors <input type="checkbox"/> _____</p> <p>e. Signs <input type="checkbox"/> <u>See Below</u></p> <p>f. Electrical <input checked="" type="checkbox"/> _____</p> <p>3. STRUCTURAL</p> <p>a. Hydraulics/Pneumatics <input checked="" type="checkbox"/> _____</p> <p>b. Pins/Bolts/Keys <input type="checkbox"/> <u>See Below</u></p> <p>c. Condition <input checked="" type="checkbox"/> _____</p> <p>d. Tires/Wheels/Coasters <input checked="" type="checkbox"/> _____</p> <p>e. Bearings/Spindles/Axles <input checked="" type="checkbox"/> _____</p> <p>f. Track <input checked="" type="checkbox"/> <u>OK</u></p> | <p>4. CARRIERS</p> <p>a. Attachments <input checked="" type="checkbox"/> _____</p> <p>b. Sweeps/Carriers <input checked="" type="checkbox"/> _____</p> <p>c. Restraints <input type="checkbox"/> <u>See Below</u></p> <p>d. Seats/Padding <input checked="" type="checkbox"/> _____</p> <p>e. Conditions <input checked="" type="checkbox"/> _____</p> <p>5. OPERATION</p> <p>a. RPM Check <input checked="" type="checkbox"/> _____</p> <p>b. Controls <input checked="" type="checkbox"/> _____</p> <p>c. Brakes <input checked="" type="checkbox"/> _____</p> <p>d. Limit Controls <input checked="" type="checkbox"/> _____</p> <p>e. Communications <input type="checkbox"/> _____</p> <p>6. OTHER</p> <p>a. _____ <input type="checkbox"/> _____</p> <p>b. _____ <input type="checkbox"/> _____</p> <p>c. _____ <input type="checkbox"/> _____</p> <p>d. _____ <input type="checkbox"/> _____</p> <p>e. _____ <input type="checkbox"/> _____</p> <p>f. _____ <input type="checkbox"/> _____</p> |
|---|--|

INSPECTION RESULTS: Passes #6/14, latch will not hold. #4 latch out of adjustment. OK's
#2 Retain Key w/ops Dec. Missing Key w/ops Box #4 Bolts Missing in latch #10 oil
oil on walkway. fasteners loose in Top Frame. Inside Security not properly
aligned. Missing one item of C, OK
Minor issues still to be resolved before making the machine and body of the device

IMMINENT DANGER ORDER HEREBY ISSUED, when box is checked. The above identified amusement device or amusement attraction is not in compliance with Section 616.242 (5)(h) F.S., manufacturer's specifications or ASTM Standards. The amusement device or amusement attraction failed to pass inspection for the above reasons and must be reinspected by the department prior to opening to the public. Stop Operation Order # _____

Andy R. Hill
Inspector's Signature
DIVISION OF STANDARDS

I acknowledge receipt of this inspection report and associated orders as listed above. NOTICE OF RIGHTS (SEE OTHER SIDE)
J. Williams
Owner/Manager/Designee Signature



OB CRAWFORD
COMMISSIONER

STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES
FAIR RIDES INSPECTION
ACCIDENT REPORT

904/488-9790
904/488-9023 FAX
Emergency Only:
1/800/544-3862

(All Accidents Must Be Reported)
(All accidents with serious injury - overnight hospitalization - shall be investigated by the Bureau)
Section 616.242(23), F.S.

Date of Accident 3-1-97 Time of Accident 2:00 a.m. (p.m.)

Name of Amusement Company <u>Blue Grass Shows</u>		Address <u>2032 S. 51st Street</u>		City/State/Zip <u>Tampa, FL 33619</u>	
Name of Fair/Event <u>Strawberry Festival</u>		Address <u>2708 Reynolds Street</u>		City/State/Zip <u>Plant City, FL 33566</u>	
Name of Injured Person <u>Donald Spencer</u>	Age of Injured Person (Years) <u>10</u>	Male/Female <u>Male</u>	Address <u>2909 Dodeca Dr.</u>	City/State/Zip <u>Polk City, FL 33868</u>	Telephone <u></u>

Did accident occur on a device/attraction? Yes No Name of device/attraction Super Himalaya USAID # _____
If accident did not occur on a device/attraction, where did it occur? _____

Describe injury(s): Cut to lip, right leg possibly broken

Give a brief statement how accident occurred: (Write continued or additional information on back)
Car has come off of the car while the ride was running in reverse. The children ejected from the seat hitting a metal pole on the platform.

Description of actions taken following the accident: PRN medics arrived on the scene, the children were taken to S. Via Baptist hospital. The ride was closed for inspection.
Accident classification (circle as appropriate): 1. Mechanical; 2. Operational; 3. Patron; Other _____

WITNESSES TO ACCIDENT: (Please provide current mailing address and telephone numbers.)

Name of Ride Operator <u>Berry Johnson</u>	Address <u>2032 S. 51st St.</u>	City/State/Zip <u>Tampa, FL 33619</u>	Telephone <u></u>
Name of Witness <u>same as brother</u>	Address <u></u>	City/State/Zip <u></u>	Telephone <u></u>
Name of Witness <u></u>	Address <u></u>	City/State/Zip <u></u>	Telephone <u></u>
Name of Witness <u></u>	Address <u></u>	City/State/Zip <u></u>	Telephone <u></u>

NOTE: Any statements taken from ride operator, company personnel and/or witnesses must be attached to this report. Any statements or reports filed by a Sheriff's Department, Police Department, Fair/Event Security or Emergency Vehicle Attendants at the scene of the accident shall also be attached to this report.

All accidents shall have an Accident Report completed within 24 hours and mailed to: Bureau of Fair Rides Inspection, 3125 Conner Boulevard, Building 4, Tallahassee, FL 32399-1650. THE BUREAU REQUESTS THAT ANY ACCIDENT REQUIRING EMERGENCY ROOM ATTENTION OR HOSPITAL TREATMENT, OBSERVATION OR CONFINEMENT BE REPORTED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES/DIVISION OF STANDARDS, BUREAU OF FAIR RIDES INSPECTION IMMEDIATELY (1-800-544-3862).

NAME OF PERSON COMPLETING REPORT Dawn Murphy Dawn Murphy 3-1-97
Please Print Name Signature



DB CRAWFORD
COMMISSIONER

STATE OF FLORIDA
DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES
FAIR RIDES INSPECTION
ACCIDENT REPORT

904/488-9790
904/488-9023 FAX
Emergency Only:
1/800/544-3862

(All Accidents Must Be Reported)
(All accidents with serious injury - overnight hospitalization - shall be investigated by the Bureau)
Section 616.242(23), F.S.

Date of Accident 3-1-97 Time of Accident 2:00 a.m. (P.M.)

Name of Amusement Company Blue Grass Shows Address 2032 S. 51st Street City/State/Zip Tampa, FL 33619

Name of Fair/Event Strawberry Festival Address 2708 Reynolds Street City/State/Zip Plant City, FL 33566

Name of Injured Person Joshua Spencer Age of Injured Person (Years) 7 Male/Female Male Address 2909 Dodge Dr. City/State/Zip Dale City, FL 33868 Telephone 941-981-32

Did accident occur on a device/attraction? Yes No Name of device/attraction Super Himalaya USAID # _____
Name of the device/attraction operator _____
If accident did not occur on a device/attraction, where did it occur? _____

Describe injury(s): head laceration, ankle fracture

Give a brief statement how accident occurred: (Write continued or additional information on back) _____

ride was in motion, reverse when the bar on the car came
off, the children were thrown from the car and hit a
metal pole on the ride platform

Description of actions taken following the accident: Ride was immediately shut down, awaiting
state ride inspectors. Children were transported to South FL Baptist hospital.
Accident classification (circle as appropriate): Mechanical; Operational; Patron;
Other _____

WITNESSES TO ACCIDENT: (Please provide current mailing address and telephone numbers.)

Name of Ride Operator Jerry Johnson Address 2032 S. 51st St. City/State/Zip Tampa, FL 33619 Telephone _____

Name of Witness Shelly + Richard Byler Address _____ City/State/Zip _____ Telephone 941-425-3427

Name of Witness Sara Hall Address 2918 Ellibhouse Dr. City/State/Zip Plant City, FL 33565 Telephone 813-754-2059

Name of Witness _____ Address _____ City/State/Zip _____ Telephone _____
(Write additional witness information on the back)

NOTE: Any statements taken from ride operator, company personnel and/or witnesses must be attached to this report. Any statements or reports filed by a Sheriff's Department, Police Department, Fair/Event Security or Emergency Vehicle Attendants at the scene of the accident shall also be attached to this report.

All accidents shall have an Accident Report completed within 24 hours and mailed to: Bureau of Fair Rides Inspection, 3125 Conner Boulevard, Building 4, Tallahassee, FL 32399-1650. THE BUREAU REQUESTS THAT ANY ACCIDENT REQUIRING EMERGENCY ROOM ATTENTION OR HOSPITAL TREATMENT, OBSERVATION OR CONFINEMENT BE REPORTED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES/DIVISION OF STANDARDS, BUREAU OF FAIR RIDES INSPECTION IMMEDIATELY (1-800-544-3862).

NAME OF PERSON COMPLETING REPORT Dawn Murphy Dawn Murphy 3-1-97
Please Print Name Signature Date
White/Bureau Canary/Fair/Event Pink/Amusement Company

**BLUE GRASS SHOWS
DAILY INSPECTION REPORTS**

Name of Ride Spec Hamalya Location PLANT CITY STRAWBERRY FESTIVAL

Date 2/27/97 - 3/9/97

Codes: (S) Satisfactory (X) Unsatisfactory (N) Does not apply

T F (S) S M T W T F S S M T W

STRUCTURAL

Welds	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Cable / Clamps	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Pins / Bolts / Nuts	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Fencing	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Blocking	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Platforms / Steps / Walkways	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Belts / Guards	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Hoses (Air / Hydraulic)	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

VEHICLES

Padding	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Safety Bars / Belts	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Anchors or Spindles	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

DRIVE

Motors	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Controls	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Cables	N	N	N	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Wheels	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Electric

Ground	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Electric Boxes	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Lights	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Cables	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

OPERATION

Brakes	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Correct	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Anti-rollback Devices	N	N	N	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Instructional Signs	S	S	S	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

INITIALS

RDD

INSPECTOR'S SIGNATURE

Rodrick Dixon

PRINT NAME

Characteristics

① Generalities

- Number of cars - Nombre de voit. : 24
- Number of seats - Nombre de places : 72
- Rotation p. minute - Nombre tours/min : 10
- Speed - vitesse d. voit. : ca. 22 Km/h.

② Base of calculation "TEST"

- Weight p. person - poids p. pers. : 270 pds. is 122 Kg
- Weight of 3 persons (one car) p. voit. : 810 pds. is 367 Kg
- Weight of 72 persons (full load) : 19440 pds is 8806 Kg
(pleine charge)
- Starting time - temps d'accélération : 33 sec.
- Max. speed - vitesse maximum : 10 Rpm
- Braking time - temps de décélération : 33 sec.
- Time of fatigue of the metal : minimum
(temps de fatigue de la matière)
- Rate of work of the material A37 for the testing period following the norms. (Taux de travail de la matière A.37 pour période d'essais suivant normes) : 18 Kg/mm² ≈ 49%
- Hydraulic pressure corresponding by test with full load, uniformly distributed. (pression du circuit hydraulique : < 190. b correspondant aux essais pleine charge uniformément répartie)
- Highest authorized pressure : 350 b
(pression de pointe admissible)
- Authorized pressure by continual working. (Pression continue admissible) : 315 b

MAINTENANCE AND OPERATIONS PERSONNEL TRAINING RECORD

Amusement company: BLUE GRASS SHOWS

Owner: JAMES MURPHY

Employee: Aaron Thompson

Social Security #: 261-91-1792

Persons listed below have successfully completed the training, as indicated by the date of completion and trainers initials in the appropriate columns required for compliance with ASTM.F24 committee standards. The trainers who conduct the training also meet requirements of ASTM.F24 committee standards and are certified by this company to conduct training, supervise, and observe the operations and operations

Signature of Owner/Operator: *Will R. L.*

Date: 1-23-97

PERSONNEL	Personnel have been instructed and trained in the duties and procedures listed below			Personnel have been supervised and observed successfully performing the duties below		Name of trainer
Attraction	Inspection & preventive maintenance	Specific duties for assigned position(s)	General safety & emergency procedures	Demonstration of performance of assigned duties and inspections	Demonstrations of performance inspect & maintenance duties of assigned position	
Attractions supervisor		<i>AM events</i>	<i>AM</i>			
Attractions supervisor <i>limalaya</i>	Date/Trainer	<i>1/23/97</i> <i>AM</i>	<i>1/23/97</i> <i>AM</i>	Date/Trainer	Date/Trainer	<i>James Murphy</i>
Attractions supervisor	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	
Attractions supervisor	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	
Attractions supervisor	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	Date/Trainer	

MAINTENANCE AND OPERATIONS PERSONNEL TRAINING RECORD

Amusement company: BLUE GRASS SHOWS

Owner: JAMES MURPHY

of employee: Joseph Wick

Social Security #: _____

persons listed below have successfully completed the training, as indicated by the date of completion and trainers initials in the appropriate columns required for compliance with ASTM.F24 committee standards. The trainers who conduct the training also meet requirements of ASTM.F24 committee standards and are certified by this company to conduct training, supervise, and observe the actions and operations

Signature of Owner/Operator: Will R. [Signature]

Date: 2-26-97

PERSONNEL	Personnel have been instructed and trained in the duties and procedures listed below			Personnel have been supervised and observed successfully performing the duties below		Name of trainer
	Inspection & preventive maintenance	Specific duties for assigned position(s)	General safety & emergency procedures	Demonstration of performance of assigned duties and inspections	Demonstrations of performance inspect & maintenance duties of assigned position	
Attractions operator operator		2-26-97				John T. [Signature]
Attractions operator						
Attractions operator						
Attractions operator						
Attractions operator						

DAILY MAINTENANCE LOG

27-Feb

Thursday - I inspected the Ride, Ride is ready
To go Change ~~to~~ spotlight

28-Feb

Friday - Start my false Blocks, Change lock ~~to~~ feet

1-Mar

Ride inspected, sheet in box, fix top bar

2-Mar

3-Mar

4-Mar

5-Mar

6-Mar

7-Mar

8-Mar

9-Mar

INCIDENT REPORT

97-018191

1078

2. Type of Incident Comm Att N/A DV SIG CODE NA

3. Statute No. NA

4. Incident Date Time To: Date Time 5. Report Date Time

03/01/97 1355 03/01/97 1402

6. Other Case No. Agency NA

7. Location of Incident Scene *Strawberry Festival 2202 W. Reynolds St. Plant City FL 33564*

8. Grid *2301* 9. # Of Gang Juvenile

10. Location Type

01-Residence-Single	16-Storage
02-Apartment/Condo	17-Gov/Public Bldg
03-Residence-Other	18-School/University
04-Hotel/Motel	19-Jail/Prison
05-Convenience Store	20-Religious Bldg
06-Gas Station	21-Airport
07-Liquor Sales	22-Bus/Rail Terminal
08-Bar/Nightclub	23-Construction Site
09-Supermarket	24-Other Structure
10-Dept/Discout Store	25-Parking Lot/Garage
11-Specialty Store	26-Highway/Roadway
12-Drug Store/Hospital	27-Park/Woodlands/Field
13-Bank/Financial Inst.	28-Lake/Waterway
14-Commercial/Office Bldg.	29-Motor Vehicle
15-Industrial/Mfg.	30-Other Mobile
	99-Other

11. Type of Weapon

00-N/A	11-Threat/Intimidation
01-Handgun	12-Simulated Weapon
02-Rifle	13-Drugs
03-Shotgun	88-Unknown
04-Firearm	99-Other
05-Knife/Cutting Instrument	
06-Blunt Object	
07-Hands/Fists/Feet	
08-Poison	
09-Explosives	
10-Fire/Incendary	

12. Drug Type

M-Marijuana	U-Unknown
A-Amphetamine	O-Opium/Derivative
B-Barbiturate	P-Paraphernalia
C-Cocaine	S-Synthetic
E-Heroin	U-Unknown
H-Hallucinogen	Z-Other

V/W Code

VI-Victim	SI-Sexual Battery Victim
CP-Complainant	MA-Missing Adult
MC-Missing Child	DC-Dependent Child
WI-Witness	NS-Neighborhood Survey
FI-Further Information	SP-Suspect
AR-Arrested	JV-Juvenile
OW-Owner	OT-Other
AS-Associate	

VICTIM'S RELATIONSHIP TO OFFENDER: (VRTO)

0-N/A	13-Student
1-Undetermined	14-Teacher
2-Stranger	15-Child of Boyfriend/Girlfriend
3-Spouse	16-Boyfriend/Girlfriend
4-Ex-Spouse	17-Friend
5-Co-habitant	18-Neighbor
6-Parent	19-Sister/Cousin/Care Center
7-Brother/Sister	20-Employer
8-Child	21-Employer
9-Step-parent	22-Landlord/Tenant
10-Step-child	23-Acquaintance
11-In-law	99-Other (Known)
12-Other Family	

VI CP 13. Name *See Confidential* VRTO Race Sex Age DOB

Residence INJ Res. Phone

Business Bus. Phone

VI 14. Name *See Confidential* VRTO Race Sex Age DOB

Residence INJ Res. Phone

Business Bus. Phone

NA 15. Name VRTO Race Sex Age DOB

Residence INJ Res. Phone

Business Bus. Phone

Arrest Date-Time Location of Arrest Charges

NA 16. Name VRTO Race Sex Age DOB

Residence INJ Res. Phone

Business Bus. Phone

Arrest Date-Time Location of Arrest Charges

Reporting Officer *Dep. R. H. Keeter, RK* PID *373* SQ *204* Dist *II* Editing Supervisor *Sgt. L. J. Jones* PID *163* SQ *380* Dist *III*

20. D1 D3 Persons Vice Auto Theft Crime Analysis HRS 576.130(1) Other Reporting Officer Other Date *3/1/97*

D2 D4 Property Juvenile White Collar Reporting Officer Other Date *3/1/97*

21. Active Exceptionally Cleared Death of Offender Juvenile/No Custody Direct File

Inactive Cleared by Arrest Extradition Declined Victim/Witness Refused to Cooperate

Unfounded Request for Prosecution Prosecution Declined Offender Charged with other Crimes

22. Name **FI** Johnson, Jerry
 Race B Sex M Age 45 DOB 02/06/52
 Residence 2032 S. 51st St TAMPA FL 33619 Res. Phone 247-4431
 Business SAME Bus. Phone SAME

Not at Home See Narrative Additional Information RIDE OPERATOR
 No Further Information Vacant

23. Name **FI** Wokich, Joseph
 Race W Sex M Age DOB
 Residence 2032 S. 51st St TAMPA FL 33619 Res. Phone 247-4431
 Business SAME Bus. Phone SAME

Not at Home See Narrative Additional Information RIDE OPERATOR
 No Further Information Vacant

24. Name **FI** Grascuth, Cliff
 Race W Sex M Age DOB
 Residence N/A Res. Phone N/A
 Business Dept. of Agriculture TALLAHASSEE FL Bus. Phone 904-488-9790

Not at Home See Narrative Additional Information
 No Further Information Vacant

25. PROPERTY DESCRIPTION LIST: FCIC/NCIC: Checked Entered OP No:

Item #	Quantity	Description (Make, Model, Type, etc..)	Serial #	Value

See Attached Property Receipt, Page _____
 See Attached Property Continuation, Page _____

TOTAL VALUE:

Reconstruction/Synopsis Fingerprints: Dusted Lifted Unable (Explain)

At approx 1355 hrs this date the listed victims were ejected from the Super Himalaya Ride which belongs to Blue Grass Shows, and was being operated on the midway at the Florida Strawberry Festival in Plant City Florida. During the course of this investigation writer secured two bent cocking pins from car #21 of the ride and turned same along with photographs taken of the scene over to Grascuth (item #24) State Ride Inspector #18. Writer interviewed Johnson (item 22) and Wokich (item 23), ride operators on the

2. Type of Incident

8. Grid

5. Report Date Time

7. Location of Incident Scene

Victim Name

VI #	Name	VRTO	Race	Sex	Age	DOB
13	SPENCER JASHUR	0	W	M	7	05/07/89

FL RES	Residence	INJ	Res. Phone
<input checked="" type="checkbox"/> Full	2909 DODGE RD PALM CITY FL.	<input checked="" type="checkbox"/>	941-984-3242
<input type="checkbox"/> Part	Business		Bus. Phone
<input type="checkbox"/> Non	unemployed		
<input type="checkbox"/> N/A			

Arrest	Date - Time	Location of Arrest	Charges

VI #	Name	VRTO	Race	Sex	Age	DOB
14	SPENCER, DONALD	0	W	M	10	10/20/86

FL RES	Residence	INJ	Res. Phone
<input checked="" type="checkbox"/> Full	2909 DODGE RD PALM CITY FL.	<input checked="" type="checkbox"/>	941-984-3242
<input type="checkbox"/> Part	Business		Bus. Phone
<input type="checkbox"/> Non			
<input type="checkbox"/> N/A			

Arrest	Date - Time	Location of Arrest	Charges

Crime Scene / Narrative :

SUPER HIMALAYA, who said that the RIDE WAS going counter-clockwise (RIDER going BACKWARDS) when they saw the CAP BAR coming up AND they hit the emergency shut off. Both said that before the ride could stop both victims along with the CAP-BAR were ejected from the ride. witness TALKED TO GROSCURTH (ITEM 24) who said that the RIDE was inspected by persons from his office on 25 FEB 97. AND ALL WAS OK. GROSCURTH SAID THAT he would be inspecting the RIDE Thoroughly before it could be placed back into service.

Reporting Officer	PID	SQ	Dist	Editing Supervisor	PID	SQ	Dist

20. D1 D3 Persons Vice Auto Theft Crime Analysis HRS Date
 D2 D4 Property Juvenile White Collar Reporting Officer Other

21. Active Exceptionally Cleared Death of Offender Juvenile/No Custody Direct File
 Inactive Cleared by Arrest Extradition Declined Victim/Witness Refused to Cooperate
 Unfounded Request for Prosecution Prosecution Declined Offender Charged with other Crimes

Continuation Supplement

Confidential

Page 1 of 2

1. Case No. 97-018191

2. Type of Incident
Accidental Injury

8. Grid 2301 5. Report Date Time 03 01 97 1355

7. Location of Incident Scene STRAWBERRY FESTIVAL 2702 W. Reynolds St Plant City Fla 33564

Victim Name

Name VRTO Race Sex Age DOB

FL RES Residence Full Part Non N/A Business INJ Res. Phone Bus. Phone

Arrest Date - Time Location of Arrest Charges

Name VRTO Race Sex Age DOB

FL RES Residence Full Part Non N/A Business INJ Res. Phone Bus. Phone

Arrest Date - Time Location of Arrest Charges

Crime Scene / Narrative:

ON THE ABOVE DATE & TIME WRITER RESPONDED TO THE SUPER HIMALAYA RIDE ON THE MIDWAY OF THE MIGHTY BLUEGRASS SHOWS, AT THE FLORIDA STRAWBERRY FESTIVAL.

WRITER MET WITH THE BELOW LISTED WITNESSES AND INTERVIEWED SAME:

(1) SARA HALL w/f 12/23/84
2918 Clubhouse Drive
Plant City Fla 33564 754-7059

(2) CHRISTINA GENUARDI w/f 5/30/85
2606 Lakeview Way
Plant City Fla 33564 754-6359

Reporting Officer Sgt. L.K. James PID 169 SQ 390 Dist III Editing Supervisor LT. J.D. HILL PID 284 SQ 284 Dist D-1

20. D1 D3 Persons Vice Auto Theft Crime Analysis HRS D2 D4 Property Juvenile White Collar Reporting Officer Other Date 3-01-97

21. Active Exceptionally Cleared Death of Offender Juvenile/No Custody Inactive Cleared by Arrest Extradition Declined Victim/Witness Refused to Cooperate Unfounded Request for Prosecution Prosecution Declined Offendor Charged with other Crimes Direct File

1. Case No. 97-018191

2. Type of Incident
Accidental Injury

8. Grid 2301 5. Report Date Time 03/10/97 1355

7. Location of Incident Scene
STRAWBERRY FESTIVAL 2002 West Reynolds Point City 33564

Victim Name

#	Name	VRTO	Race	Sex	Age	DOB

FL RES <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Non <input type="checkbox"/> N/A	Residence	INJ <input type="checkbox"/>	Res. Phone
	Business		Bus. Phone

Arrest Date - Time Location of Arrest Charges

#	Name	VRTO	Race	Sex	Age	DOB

FL RES <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Non <input type="checkbox"/> N/A	Residence	INJ <input type="checkbox"/>	Res. Phone
	Business		Bus. Phone

Arrest Date - Time Location of Arrest Charges

Crime Scene / Narrative :

ON THE ABOVE DATE AND TIME WRITER RESPONDED TO THE SUPER HIMALAYA RIDE ON THE MIDWAY OF THE MIGHTY BLUEGRASS SHOWS, AT THE FLORIDA STRAWBERRY FESTIVAL.

WRITER MET WITH THE BELOW LISTED WITNESSES AND INTERVIEWED SAME.

(1) RICHARD T. BIXLER W/M 03/18/75
 2828 STONE LAND LANE
 SARASOTA FL 34231 (941) 927-1070

Reporting Officer <u>RES II DEP David M. McNeil</u>	PID <u>9277</u>	SQ <u>ADMIN</u>	Dist	Editing Supervisor <u>Sgt. L.K. James</u>	PID <u>169</u>	SQ <u>388</u>	Dist <u>111</u>
--	--------------------	--------------------	------	--	-------------------	------------------	--------------------

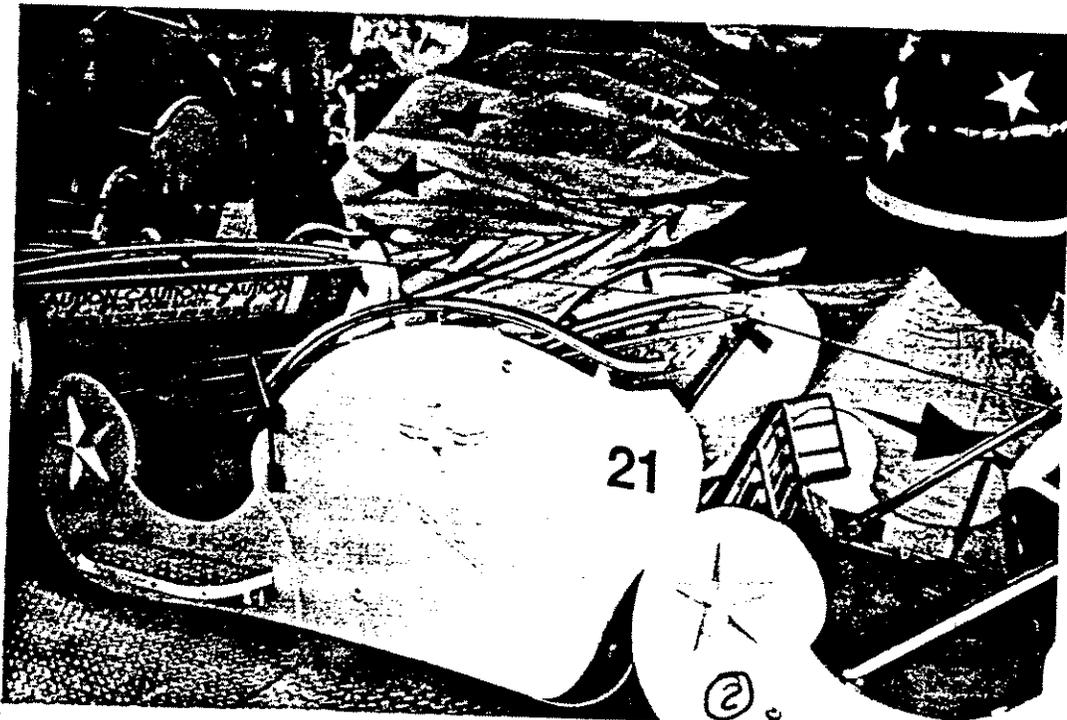
20. D1 D3 Persons Vice Auto Theft Crime Analysis HRS
 D2 D4 Property Juvenile White Collar Reporting Officer Other

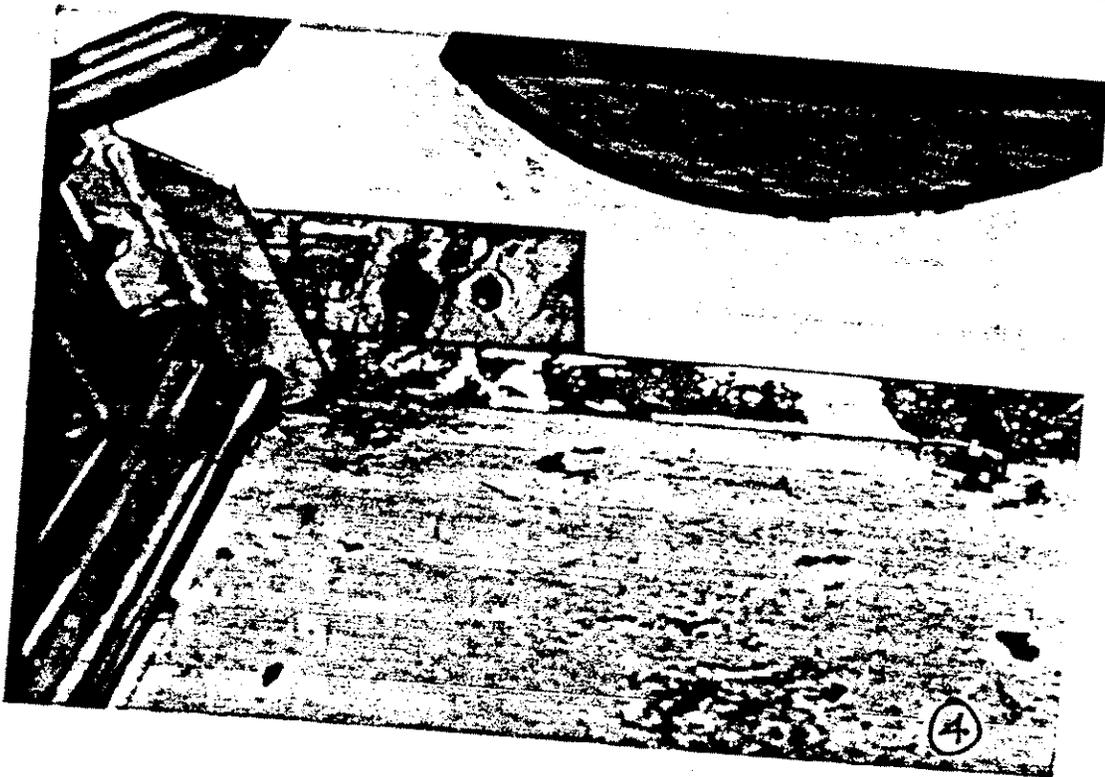
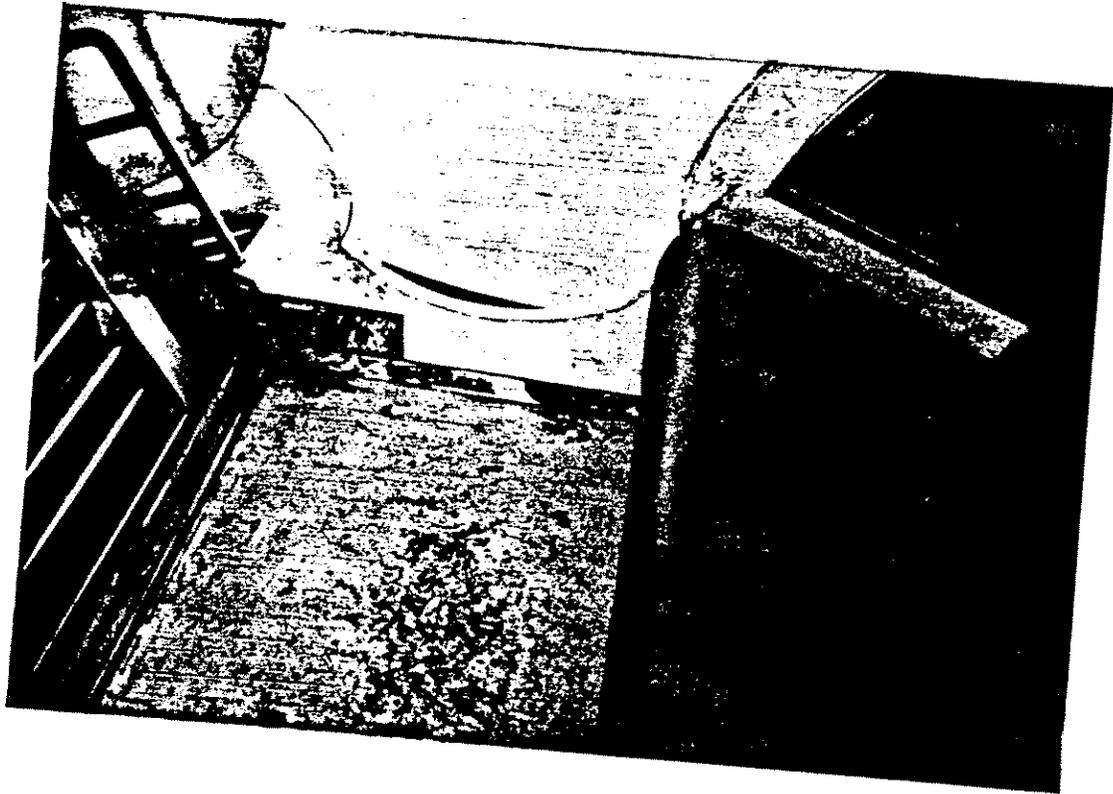
21. Active Exceptionally Cleared Death of Offender Juvenile/No Custody Direct File
 Inactive Cleared by Arrest Extradition Declined Victim/Witness Refused to Cooperate
 Unfounded Request for Prosecution Prosecution Declined Offender Charged with other Crimes

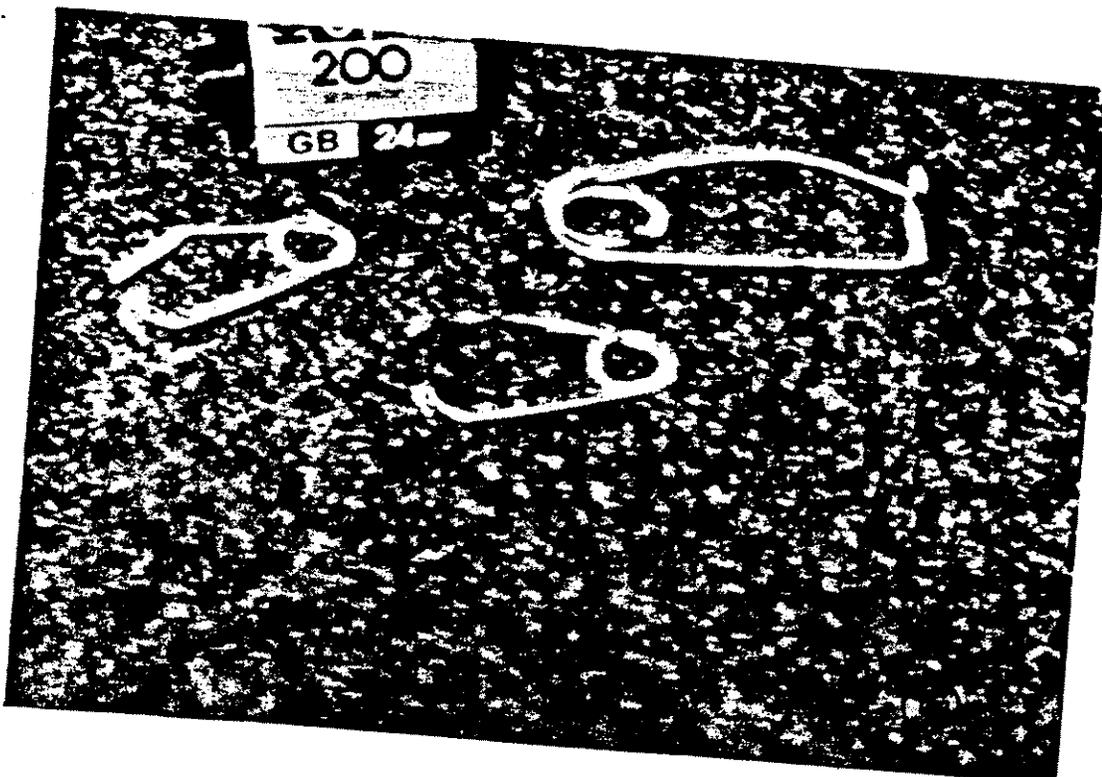
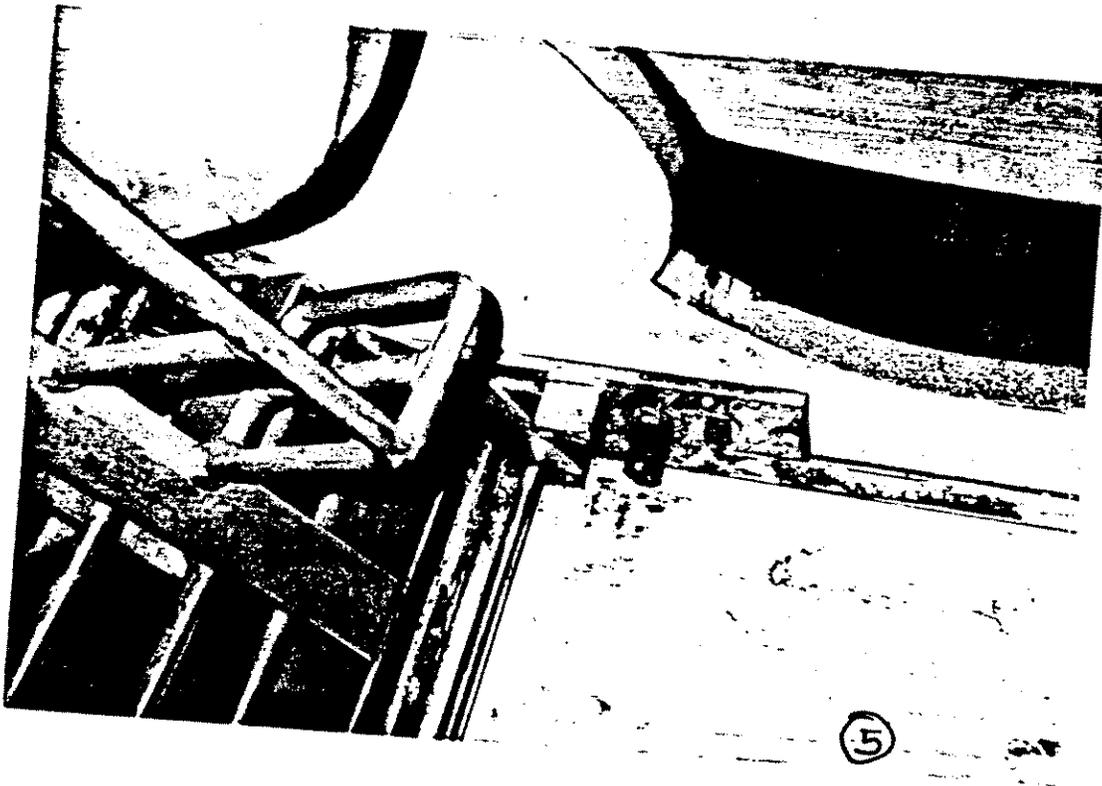
Date 3/1/97

Property Continuation

Item #	Quantity	Description (Make, Model, Type, etc.)	Serial #	Value
(2)		SHELLEY R. BIXLER	10/F 10/18/75	
		2328 STONE LAND AVE		
		SARASOTA FLA. 34231 (941) 927-1070		
		Both 10H. HIESEC SEATED THAT THE RIDE		
		WAS MOVING BACKWARDS WHEN THE CAR LOCK		
		DOWN BAR CAME OFF, AND EJECTED BOTH		
		VICTIMS.		







209. 11/19/91

