

2 APR 1997

1. TASK NUMBER 961016HCC5702		2. INVESTIGATOR'S ID 9041		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
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				
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 JL CANNON # 8969		26. REGIONAL OFFICE DIRECTOR TDS 3.22.97	
27. DISTRIBUTION O:EHDS CC:				

MFR/PRVLR NOTIFIED 5/2/98  
 No Comments made  
 Comments attached  
 Extensions/Revisions  
 No further action requested

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 carousal 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. Bobbitts - 10/24/96

Go II  
B. Foley  
E  
S. Bobbitts  
jm

ACCIDENT INVESTIGATION REQUEST FORM

DOCUMENT NUMBER: *N96A0120A*  
DATE OF INCIDENT: *9/14/94* CATID: TYNN35 1996/7  
FOLLOW-UP REQUESTED HAZARD ANALYSIS (X) SECT 15 ( )  
TYPE FOLLOW-UP *Sve Kyle* TELEPHONE ( ) ON-SITE (X)  
HEADQUARTERS CONTACT: ~~Sac Cassidy~~ 504-0470 ~~x1268~~  
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: *(617) 335-1218*  
*Detective Marie Farrell*  
*Parents / Guardian*

Guidelines: Appendix 96

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

TC  
20

**PATRIOT LEDGER**

QUINCY, MA  
DAILY 87, 838

MONDAY  
SEP 16 1996

**BURRELLE'S**

108 ..abc GC .....U

N96A-0120A

ISSUE

OCT 7 1996

# Girl's hair gets caught while on ride

## Taken to hospital for scalp injury

By Michael C. McDermott  
The Patriot Ledger

9/14/96  
101014 HEC5 202

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 investigating.

TO: FOER  
ATTN: B. CABBY

961016 HCCS702

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 riped 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

961010110-011-1  
 VJM  
 CASE NO. 9616734

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		CHAP & SEC	MEANS OF ATTACK (WEAPON TOOL USED)
1- INJURED YOUNG FEMALE			METHOD OF ATTACK
2- AT BUNKERS/HARBORLIGHT			01 <input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV
3- MALL			PROPERTY TYPE
4-			(DESC. SERV. ETC.) THE MOTOR AND FIBERGLASS PAINTS
LOCATION OF ARREST (NO STREET - APT /BOX)			VALUE
HARBORLIGHT MALL BRIDGE ST			AF THE AMUSEMENT RIDE
LOCATION OF OFFENSE (NO STREET - APT. /BOX)		RA	02 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV
HARBORLIGHT MALL BRIDGE ST			PROPERTY TYPE
VICTIM NAME (LAST, FIRST, MI) OR (PROPER BUSINESS NAME)		DATE OF BIRTH	(DESC. SERV. ETC.)
FUTI, DANIELLE			VALUE
VICTIM ADDRESS (NO STREET - APT /BOX)			
100 NIGHTENGALE AVE			
CITY, STATE	PHONE	03 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
QUINCY MASS	770-0037		
ARREST/SUSPECT NAME (LAST, FIRST, MI)		JUV <input type="checkbox"/> ADULT <input type="checkbox"/>	(DESC. SERV. ETC.)
			VALUE
A/S ADDRESS (NO STREET - APT./BOX)		SOCIAL SEC #	
CITY STATE		04 <input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV	PROPERTY TYPE
DATE OF BIRTH	AGE	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE
HEIGHT	WEIGHT	REGULARITY	
COLOR HAIR	COLOR EYES	COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> MED <input type="checkbox"/> DARK	<input type="checkbox"/> STOLEN <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOV
			<input type="checkbox"/> VEHICLE <input type="checkbox"/> LICENSE PLATE
WITNESS (1) NAME (LAST, FIRST, MI)		DATE OF BIRTH	LIC. PLATE TYPE STATE LIC. PLATE NO.
ESPINOLA, VALENTINA		8 YRS OLD	
ADDRESS (NO STREET - APT./BOX)			VIN #
87 ARTHUR ST			
CITY, STATE	PHONE	YEAR	MAKE
QUINCY MASS	472-9187		
WITNESS (2) NAME (LAST, FIRST, MI)		DATE OF BIRTH	STYLE
			COLOR
ADDRESS (NO STREET - APT./BOX)		TOTAL VALUE OF PROPERTY TAKEN	
		\$	
CITY, STATE	PHONE	PHOTOS BY:	PRINTS BY:
		DET. E. GABRIEL	
NARRATIVE			
DOMESTIC ABUSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ON 9-14-96, AT 14:22 I RECEIVED			
A CALL TO RESPOND TO THE HARBORLIGHT MALL -			
BUNKERS IN REGARDS TO A GIRL WITH HER HEAD			
STICK IN ONE OF THE RIDES. SGT JAMES CASSIDY			
IN 827 RESPONDED AS WELL AS 832 OFF. WM BRUNN.			
WHEN WE ARRIVED PEOPLE WERE POINTING TO THE REAR			
THIS ARREST CLEARS CASE <input type="checkbox"/>	ARREST NO.	DISPOSITION	SUPPLEMENTS
CLOSED <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>			NARRATIVE <input type="checkbox"/> OFF/PROP <input type="checkbox"/>
DATE	APPROVED BY:	DATE	
		7/14/96	

## WEYMOUTH POLICE DEPARTMENT

PAGE 3 NARRATIVE INJURY

9610161CC 5702

CASE # 961673Y

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 METER. 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

DATE

APPROVED BY

DATE

L. M. ... 9.14.91

## WEYMOUTH POLICE DEPARTMENT

PAGE 4 NARRATIVE  INJURY

961016 HCC 5702

CASE # 9616734

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. W.M. 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 473-9187. VALENTINA WAS SITTING NEXT TO DANIELLE WHEN THE ACCIDENT HAPPENED. MRS CLAUDIA ESPINOLA WAS CELEBRATING VALENTINA'S BIRTHDAY AT BUNKERS 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

Maureen Farrell

APPROVED BY

James Cassidy SGT

DATE

9-17-96

## WEYMOUTH POLICE DEPARTMENT

PAGE: 5 NARRATIVE INJURY

961016HCC 5702

X 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

DATE

APPROVED BY

DATE

Old Marie Jarell

9-16-96

James Cassidy SGT

9-17-96

## WEYMOUTH POLICE DEPARTMENT

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 NARRATIVE INJURY

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CASE # 9616734

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 ONTOP 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

Det. Marcia [unclear]

DATE

9.14.96

APPROVED BY

[Signature]

DATE

9.14.96

## WEYMOUTH POLICE DEPARTMENT

PAGE 7

 NARRATIVE INJURY

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CASE # 9616734

TO ASSIST WITH THIS EMERGENCY MRS MARI  
STATED TO ME THAT DANIELLE WAS IN STOCK, 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 GUT 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 Bow N.H. 603 224-6960  
MASS LIC # 16. IT HAS BEEN ENCLOSED WITH THIS  
REPORT.

REPORTING OFFICER

Michelle Janelle

DATE

9.16.96

APPROVED BY

Daniel Cassidy

DATE

9-17-96

## WEYMOUTH POLICE DEPARTMENT

PAGE 8 NARRATIVE INJURY

961016 HCC5702

CASE # 9616734

AT 4:10 PM I LEFT BUNKERS, IT WAS BUSINESS AS USUAL IN THERE, THE MANAGER PAUL ROONEY 76 DAYTON 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 BUNKERS FIRST THING SUNDAY MORNING. HIS PHONE # IS 617-727-3200 X 630 OR 611. I ALSO CALLED EX-BUNKERS 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 BUNKERS BECAUSE OF DISAGREEMENTS WITH MALL OWNER JERRY ELLIS<sup>335-3395</sup>. HE WAS VERY CONCERNED ABOUT THE HAZARDS HE KNEW ABOUT WITH SOME OF THE RIDES AT BUNKERS. 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 FOTI, 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 J. 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  
BUNKERS, HARBORLIGHT  
MALL

Bankers Tr 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



*Robert H. Johnson*

*Annual  
Inspection*

MASS DEPT OF  
PUBLIC SAFETY

NO: 10507

CASE 9616734  
9.14.96

961016 HOC 5702



Robert H. Johnson

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

Telephone 603-224-4960

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 Big Lift Specialist  
Consultant and Inspection  
28 Hooksett Pkts. Rd.  
Bow, N.H. 03304

Telephone 603-724-6860

TO: Commonwealth of Massachusetts

SUBJECT: BUNKERS '96

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 10212  
COMMENTS: \_\_\_\_\_

DEVICE: Roller coaster ID# MA 10507  
COMMENTS: \_\_\_\_\_

DEVICE: Roller coaster ID# MA 10222  
COMMENTS: \_\_\_\_\_

DEVICE: Swing Ride ID# MA 10220  
COMMENTS: \_\_\_\_\_

DEVICE: Swing Ride ID# MA 10506  
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

961016 HEC 5202

To: Winthrop Farwell, Commissioner  
From: Steve Bakas, District Engineer Inspector *NFB*  
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 5902

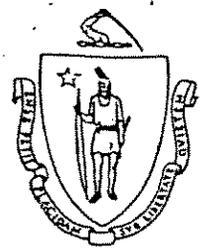
This amusement device should not be operated until these changes are made. Bonkers #19 has not operated this device since the accident as there is a sign at the entrance of the reading "Ride Temporarily Closed."

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. OTOOLE  
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. OTOOLE  
Secretary

9 211614 cc 570 2  
*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.

01-01-1996 10:00 AM FAXED TO: 617-248-0813 FROM: 617-727-3200

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 Reverse 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. 817 G 19  
Fax 617-227-1754

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



Robert H. Johnson

Amusement Ride and SIG Lkt Specialist  
Consultant and Inspector  
28 Hooksett Pk. Rd.  
Bow, N.H. 03304

Telephone 603-224-6660

TO: Commonwealth of Massachusetts  
SUBJECT: Equipment  
DATE: Aug 1, 1975

As an employee hired by the above 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: Super Bounce ID# MA# 10506  
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  
Mass. Lic. # 16

9610164 CC5702

ALL-EQUIPT LEASING, INC.  
BOARD OF DIRECTORS  
1-800-207-3000 National  
1-800-282-6776 Florida

Certificate Number

### CERTIFICATE OF INSURANCE

This certificate affirms affirmatively nor negatively amended, extends or limits the coverage afforded by the policy(ies) described herein and is issued in accordance with the terms and conditions of the policy.

The policy(ies) identified herein by a policy number is in force on the date of this certificate. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to the terms of the policy having reference thereto. Nothing herein contained shall modify the 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 failure to give such notice.

Any insurance here a part of the policy includes as a person insured with respect to an occurrence taking place at a Amusement Centers site, (1) the fair or exhibition association, sponsoring organization or committee (2) the name 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**  
Bankers-19, Inc.  
670 Northlight 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	Policy Number	AGS	Effective Date	Termination Date	Coverage Description	Limit
T. H. E. INSURANCE COMPANY	BL390626	\$1,000,000	11/01/95	11/01/95	Bodily Injury & Property Damage	\$0
		\$2,000,000			Bodily Injury & Property Damage	\$0
		\$1,000,000			Excess of	\$0
					Excess of	\$0
					Excess of	\$0
					Excess of	\$0

00/00/00  
00/00/00  
\* - COMBINED SINGLE LIMIT

This certificate is not valid unless an original signature appears below.  
(Copies Not Valid)

DATE OF CERTIFICATE INSURANCE

EQUIPMENT INSPECTED

9610 16 HIC 5702

OWNER/OPERATOR BONKERS HARBOUR LIGHT MALL

RIDE SPACE TRAIN

MFG ZAMPELA INC.

US. 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



9/1/94 *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 ASHURTON PLACE, BOSTON, MASS. 02108

EXPIRATION DATE 02/22/95

PERMIT NUMBER U-4 (a)

### PERMIT TO OPERATE AMUSEMENT DEVICES

NAME OF DEVICE

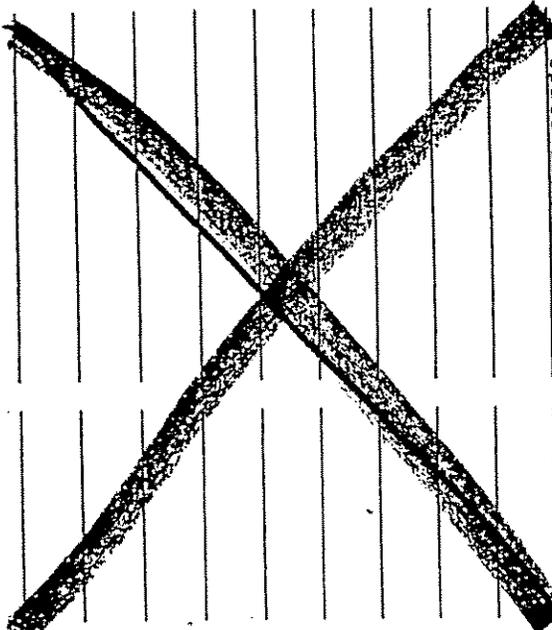
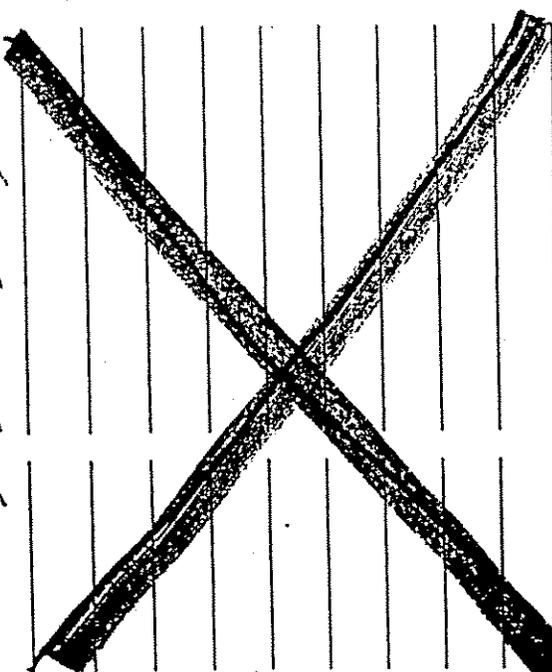
Space Train

IDENTIFICATION NUMBER

10222

NAME OF DEVICE

IDENTIFICATION NUMBER

	
--	---

AUTHORIZED SIGNATURE  


FORM BL-64

Repinners Rio Grande Train #8868

46101674005702

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

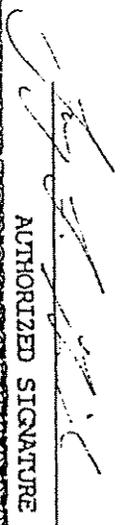
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF INSPECTION, ENGINEERING SECTION  
ONE ASHBURTON PLACE, BOSTON, MASS. 02108

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		
<del>Rio-Grande Train</del>	<del>8868</del>		
<del>Replaced by New Ride</del>			
<del>Space Train</del>	<del>10222</del>		

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 ll rated and admitted company in Massachusetts.

96016 MCC 5202

# CERTIFICATE OF INSURANCE

141317

ISSUE DATE (MM/DD/YY)

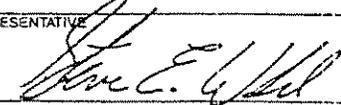
3/09/94

<b>PRODUCER</b> 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.
<b>INSURED</b> BONKERS FUN HOUSE PIZZA, INC. OF WEYMOUTH 791 BRIDGE ST. NORTH WEYMOUTH, MA 02191	<b>COMPANIES AFFORDING COVERAGE</b>
	COMPANY LETTER <b>A</b> TRANSAMERICA INSURANCE
	COMPANY LETTER <b>B</b> TRANSAMERICA PREMIER I
	COMPANY LETTER <b>C</b>

**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)																					
B	<b>General Liability</b> <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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Aggregate</td><td style="text-align: right;">\$</td><td style="text-align: right;">NONE</td></tr> <tr><td>Products-Comp/Ops Aggregate</td><td style="text-align: right;">\$</td><td style="text-align: right;">1000</td></tr> <tr><td>Personal &amp; Advertising Injury</td><td style="text-align: right;">\$</td><td style="text-align: right;">1000</td></tr> <tr><td>Each Occurrence</td><td style="text-align: right;">\$</td><td style="text-align: right;">1000</td></tr> <tr><td>Fire Damage (Any one fire)</td><td style="text-align: right;">\$</td><td style="text-align: right;">50</td></tr> <tr><td>Medical Expense (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;">5</td></tr> <tr><td>Participant Legal Liability</td><td style="text-align: right;">\$</td><td style="text-align: right;">NONE</td></tr> </table>	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
	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																								
<b>Automobile Liability</b> <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"/>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Combined Single Limit</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Bodily Injury (per person)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Bodily Injury (per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td><td></td></tr> </table>	Combined Single Limit	\$		Bodily Injury (per person)	\$		Bodily Injury (per accident)	\$		Property Damage	\$										
Combined Single Limit	\$																									
Bodily Injury (per person)	\$																									
Bodily Injury (per accident)	\$																									
Property Damage	\$																									
<b>Excess Liability</b> <input type="checkbox"/> <input type="checkbox"/> Other than Umbrella form					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Each Occurrence</td><td style="text-align: center;">Aggregate</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	Aggregate	\$	\$																	
Each Occurrence	Aggregate																									
\$	\$																									
<b>Workers' Compensation and Employers' Liability</b>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;"><b>Statutory</b></td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Each Accident</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Policy Limit</td></tr> <tr><td style="text-align: right;">\$</td><td style="text-align: center;">Disease-Each Employee</td></tr> </table>	<b>Statutory</b>		\$	Each Accident	\$	Disease-Policy Limit	\$	Disease-Each Employee													
<b>Statutory</b>																										
\$	Each Accident																									
\$	Disease-Policy Limit																									
\$	Disease-Each Employee																									
<b>Participant Accident</b>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AD&amp;D</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Primary Medical</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Excess Medical</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>Weekly Indemnity</td><td style="text-align: right;">\$</td><td style="text-align: center;">X</td></tr> </table>	AD&D	\$		Primary Medical	\$		Excess Medical	\$		Weekly Indemnity	\$	X									
AD&D	\$																									
Primary Medical	\$																									
Excess Medical	\$																									
Weekly Indemnity	\$	X																								

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**  
 COVERED EXPOSURES: RESTAURANT, ARCADE, KIDDIE RIDES, SOFT PLAY.

<b>CERTIFICATE HOLDER</b> THE DEPT. OF PUBLIC SAFETY 1 ASHBURTON BOSTON, MA 02108-1618	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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

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

CODE:  
AGENCY CUSTOMER ID: KK  
INSURED  
Bonkers Funhouse Pizza, Inc of Weymouth  
791 Bridge Street  
N. Weymouth MA 02191

SUB CODE:

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

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

## COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS		
PROPERTY CAUSES OF LOSS		AMOUNT	DEDUCTIBLE	COINS %
<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 **	350,000 50,000 160,000	5,000 5,000 0	100 100 33
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT <input checked="" type="checkbox"/> 500 Deduct	RETRO DATE FOR CLAIMS MADE: None	GENERAL AGGREGATE	\$ 0	
		PRODUCTS - CCMP/OP AGC	\$ 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	
		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	\$	
<b>VEHICLE LIABILITY</b> <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	RETRO DATE FOR CLAIMS MADE: None			
<b>PHYSICAL DAMAGE</b> <input type="checkbox"/> COLLISION: <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> OTHER THAN COL:				
<b>UMBRILLA LIABILITY</b> <input type="checkbox"/> ANY AUTO				
<b>CESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE: None			
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				

ADDITIONAL CONDITIONS/EXCLUSIONS: 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

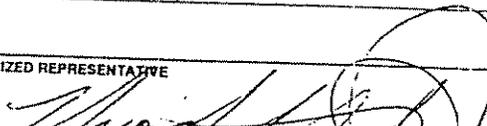
Yardley Holding Company  
729 Benjamin Pavillion  
Jenkinson PA 19024

MORTGAGEE  
 LOSS PAYEE

ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE



961016HCC5702

## 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

## 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 # L736:08160
CODE: AGENCY CUSTOMER ID: KK INSURED	SUB CODE:	DATE EFFECTIVE TIME DATE EXPIRATION TIME 2/22/94 12:01 X AM 2/22/95 X 12:01 AM PM 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		LIMITS		
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 **	150,000 50,000 160,000	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 <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT <input checked="" type="checkbox"/> 500 Deduct	RETRO DATE FOR CLAIMS MADE: None	GENERAL AGGREGATE \$ 0 PRODUCTS - CCMP/OP AG3 \$ 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 \$ 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 premis power failure

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

961016 Hec 5702

3 1994 11:05 AM :

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

5174920842-

72774671# 1

CERTIFICATE OF INSURANCE ----- ISSUE DATE  
62/23/34

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 KUMHOUSE 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.

TYPE OF INS	POLICY NUMBER	EFF DATE	EXP DATE	LIMITS
A GENERAL LIABILITY	SLGL284-8136	11/22/93	11/22/94	GEN AGGREG. \$ 2000000
B COMMERCIAL GENERAL LIABILITY				PR-CMP/OF AG \$ 1000000
CL MADE TO OCCUR.				PERS&ADV INS \$ 1000000
OWNER'S & CONTRACTORS PROTECTIVE				EA OCCURR. \$ 1000000
				FIRE DAMAGE \$ 30000
				MED. EXPENSE \$
				COMBINED \$
				SINGLE LIMIT \$
				BODILY INJ. \$
				(PER PERSON) \$
				BODILY INJ. \$
				(PER ACCIDENT) \$
				PROPERTY \$
				DAMAGE \$
				EA OCCURR. \$
				AGGREGATE \$
				STATUTORY LIMITS
				EA ACCIDENT \$
				DIS-POL LIM. \$
				DIS-EA EMPLY \$

AUTOMOBILE LIAB  
ANY AUTO  
ALL OWNED AUTOS  
SCHEDULED AUTOS  
HIRED AUTOS  
NON-OWNED AUTOS  
GARAGE LIABILITY

EXCESS LIABILITY  
UMBRELLA FORM  
OTHER THAN UMBRELLA FORM  
WORKERS' COMPEN-  
SATION AND  
EMPLOYERS' LIABILITY

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER -----  
MR. DAN BURKH  
COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF INSPECTION  
1010 COMMONWEALTH AVENUE  
BOSTON, MA 02215  
FAX 617-727-7467 TEWKSBURY  
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 TC CC 5902

Mar. 8 '94 14:03

0000 The Farms Company

TEL 508-822-2514

P. 2

ACORD. CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 7/08/94	
<b>PRODUCER</b> K & K Insurance Group, Inc 1712 Hagnevox Way PO Box 2338 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.			
<b>INSURED</b> Bonkers Funhouse Pizza Inc., of Weymouth 791 Bridge Street W. Weymouth MA 02191				<b>COMPANIES AFFORDING COVERAGE</b>			
				COMPANY A TransAmerica Premier Insurance Co.			
				COMPANY B			
				COMPANY C			
COMPANY D							
<b>COVERAGES:</b> 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	<input checked="" type="checkbox"/> 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	17-36208160	2/22/94	2/22/95	GENERAL AGGREGATE	\$	0
					PRODUCTS - COMPROP AGG	\$	1,000,000
					PERSONAL & ADY INJURY	\$	1,000,000
					EACH OCCURRENCE	\$	1,000,000
					FIRE DAMAGE (Any one fire)	\$	50,000
					MED EXP (Any one person)	\$	5,000
	<input type="checkbox"/> 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	\$	
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY:	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
	<input type="checkbox"/> 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	\$	
	<input type="checkbox"/> OTHER						
<b>DESCRIPTION OF OPERATIONS/LOCATIONS&amp;VEHICLES/SPECIAL ITEMS</b> Amusement Devices							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b> 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			
ACORD 25-3 (3/93)				RECORD CORPORATION 1993			



1293 ✓

Task No.: 961016HCC 5702

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.: 90211

Regional office: FOER

Supervisor No.: 8930