



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

Lyda Longa
386-671-5113

Re: Roller Coaster Derailed

Location: The Boardwalk

Date: June 14, 2018

Time: 20:31

Arrested:

Victim:

Police Report: 180011697

Daytona Beach Police officers responded to a call Thursday evening at the above location after reports of a derailment on the roller coaster.

It was learned that three roller coaster cars were involved in the incident. The car in the front slid off the tracks and was hanging on the side of the ride; the car in the middle was off the tracks; and the last car was stationary on the tracks.

At least two people who had fallen from the car, were found on the ground by officers.

The Daytona Beach Fire Department took over the scene and police were on hand to direct traffic and establish a perimeter around the immediate area.

An incident report generated by Daytona Beach Police is attached.

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.

DAYTONA BEACH POLICE DEPARTMENT

INCIDENT REPORT

EVENT DATA	<input type="checkbox"/> Juvenile <input type="checkbox"/> Hate Crime <input type="checkbox"/> Gang <input type="checkbox"/> Elderly Abuse / Exploitation <input type="checkbox"/> Domestic Violence VOR _____ <input type="checkbox"/> Endangered / Other _____		Agency Report Number 180011697															
	Agency ORI Number FL0640100		Zone # DB53	Telephone Handled 1. Yes Call? (T.H.C.) 2. No 2														
	Reported: Day Thursday	Date 06-14-2018	Time (mil.) 2031	Time Dispatched (mil.) 2032	Time Arrived (mil.) 2032	Time Completed (mil.) _____	Nature of Call (Report Type) INFO Information											
	Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Thursday	Date 06-14-2018	Time (mil.) 2031	TO _____	Day _____	Date _____	Time (mil.) _____	Occurred During: D - Day U - Unknown N - Night	N						
Offense #1	Type 9	Statute Violation Number 7777777777	Description Information			A - Attempted C - Committed		C										
Offense #2	Type	Statute Violation Number	Description			A - Attempted C - Committed												
Incident Location (Street, Apt. Number) 25 Boardwalk					City DAYTONA BEACH		Zip 32114											
Business Name / Area Identifier Boardwalk Daytona Lagoon		# Prem. Entered 0	Drug Related 0. N/A 1. Yes 2. No 2	Alcohol Related 0. N/A 1. Yes 2. No 2	Forced Entry 1. Yes 3. Attempted 2. No 2	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No 2											
Location Type 99	Location Type Codes 01. Residence-Single 05. Convenience Store 09. Supermarket 13. Bank/Financial Inst. 17. Gov't/Public Bldg. 21. Airport 25. Parking Lot/Garage 29. Motor Vehicle 02. Apartment/Condo 06. Gas Station 10. Dept/Discount Store 14. Commercial/Office Bldg. 18. School/University 22. Bus/Rail Terminal 26. Highway/Roadway 30. Other Mobile 03. Residence/Other 07. Liquor Sales 11. Specialty Store 15. Industrial/Mfg. 19. Jail/Prison 23. Construction Site 27. Park/Woodlands/Field 88. Unknown 04. Hotel/Motel 08. Bar/Nightclub 12. Drug Store/Hospital 16. Storage 20. Religious Bldg. 24. Other Structure 28. Lake/Waterway 99. Other																	
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident	
Means of Attack F-Firearm O-Other Dangerous K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc.		Extent of Injury 00.N/A 03.Laceration 06.Poss. Internal Injury 09.Abrasions/Bruises 01.Gunshot 04.Unconscious 07.Loss of Teeth 10.No Visible Injury 02.Stabbed 05.Poss. Broken Bones 08.Burns 99.Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse B-Sibling Z-Other P-Parent O-Other Family C-Child H-Co-Habitant												
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 0	V. Type 1	Nature of Call (for Victim, if different from Incident) 3			Name (Last/Business) Patton		(First) Roy		(Middle)						
Address (Street, Apt. Number) UK					City		State		Zip		Residence Phone							
Business/School/Other Address (Street, Apt. Number)					City		State		Zip		Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement Possible rider inside roller coaster cart													
If Victim Type 1, 2, or 3	Race U	Sex M	Date of Birth	Age	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence 2	Relationship							
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 0	V. Type 2	Nature of Call (for Victim, if different from Incident) 3			Name (Last/Business) Webb		(First) Kathy		(Middle)						
Address (Street, Apt. Number) UK					City		State		Zip		Residence Phone							
Business/School/Other Address (Street, Apt. Number)					City		State		Zip		Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement Possible rider inside roller coaster cart													
If Victim Type 1, 2, or 3	Race U	Sex F	Date of Birth	Age	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence 2	Relationship							
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 0	V. Type 3	Nature of Call (for Victim, if different from Incident) 3			Name (Last/Business) Bostick		(First) Amanda		(Middle)						
Address (Street, Apt. Number) UK					City		State		Zip		Residence Phone							
Business/School/Other Address (Street, Apt. Number)					City		State		Zip		Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement Possible rider inside roller coaster cart													
If Victim Type 1, 2, or 3	Race U	Sex F	Date of Birth	Age	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence 2	Relationship							
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 0	V. Type 4	Nature of Call (for Victim, if different from Incident) 3			Name (Last/Business) Praeter		(First) Shawna		(Middle)						
Address (Street, Apt. Number) UK					City		State		Zip		Residence Phone							
Business/School/Other Address (Street, Apt. Number)					City		State		Zip		Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement Possible rider inside roller coaster cart													
If Victim Type 1, 2, or 3	Race U	Sex F	Date of Birth	Age	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence 2	Relationship							
Offense Indicator 1. #1 3. Both 2. #2		V/W Code 1	# 0	V. Type 5	Nature of Call (for Victim, if different from Incident) 3			Name (Last/Business) Collins		(First) Melissa		(Middle)						
Address (Street, Apt. Number) UK					City		State		Zip		Residence Phone							
Business/School/Other Address (Street, Apt. Number)					City		State		Zip		Address Type		Business/School/Other Phone		Phone Type			
Other Contact Info (Time Available, Interpreter, etc.)					Synopsis of Involvement Possible rider inside roller coaster cart													
If Victim Type 1, 2, or 3	Race U	Sex F	Date of Birth	Age	Ethnicity U	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence 2	Relationship							

EVENT DATA

CODES

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

VICTIM/WITNESS

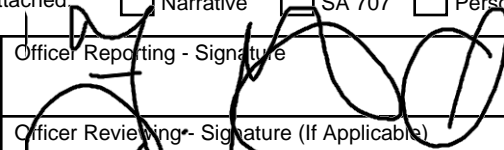
VICTIM/WITNESS

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name			Place of Birth - City			County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name			Place of Birth - City			County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type			If Arrested:	Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency		
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

1 On 6/14/2018, at approximately 2032 hours, Units and I responded to 25 Boardwalk (Boardwalk Daytona Lagoon Amusements & Rides) in
 2 reference to an emergency fall. Upon arrival, units observed the following: (3) roller coaster carts occupied with individuals, disabled on the upper
 3 tier of the roller coaster tracks. The cart located in the front was derailed from the tracks causing the cart to hang down off the tracks, which were
 4 occupied by (2) individuals, the second cart located in the center was unaligned on the track, which were occupied by (4) individuals, and the third
 5 cart to the rear was fully seated on the track, which were occupied by (4) individuals. Units also observed (2) individuals lying on the ground near
 6 the tracks.
 7

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral		
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:
	<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel				
	Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date		
Gaspard, Fertz			D73593	3c56	06-14-2018		
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date		

DAYTONA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement
	06-14-2018	2031	06-14-2018	INFO	180011697		1

NARRATIVE / CONTINUATION

8 Moments later, units immediately made contact with one individual on the ground who advised the following: while riding in the cart located in the

9 front, the cart began to derail off the tracks, causing both individuals to be ejected from the cart, and falling onto the ground. Units were unable to

10 properly identify the (2) individuals due to Daytona Beach Fire Department (DBFD) and EVAC immediately taking over the scene to assist with

11 possible injuries.

12

13 Units assisted DBFD and EVAC by securing the scene and directing traffic. Due to the scene being hectic with medical staff evaluating multiple

14 individuals on scene, EVAC transporting individuals to Halifax Medical Center to be evaluated, and DBFD removing individuals from the disabled

15 carts, units were not able to obtain proper identifications on the individuals who were involved in this incident. It should also be noted that the

16 individuals inside the disabled carts had [REDACTED]

17

18 This incident was turned over to DBFD and EVAC, who continued to provide medical treatment to individuals involved in this incident.

19

20 Inspection specialist (Ron Hamlett) for the above location also responded on scene.

21

22 The director O-10(Randy France), who was in charge of the group of individuals who were inside the roller coaster carts, provided units with the

23 following names, and advised all names listed were admitted to Halifax Medical Center for evaluations: Roy Patton (O-1), Kathy Webb (O-2),

24 Amanda Bustick (O-3), Shawna Praeter (O-4), Melissa Collins (O-5), Kayla Wilson (O-6), Lonnie Baker (O-7), Gill Donald (O-8), and Dennis

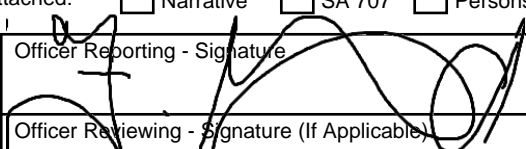
25 Creech (O-9). O-10 did not provide units with further information about patients listed.

26

27 Lastly, It should be noted a caller by the name of Arthur Ellis (Reference call #P181652439) called via dispatch advising the following: On

28 6/14/2018, at approximately 0945 hours, Ellis was riding his bike and observed (2) possible maintenance workers working on the roller coaster

29 tracks.

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____			
	Officer Reporting - Printed Gaspard, Fertz	Officer Reporting - Signature 	ID. Number D73593	Unit 3c56	Date 06-14-2018
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date	