

**Colorado Division of Gaming**

**Slot Machine Incident Report**

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| General Information |

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| **Today’s Date:** |  | **Casino:** | |
| **Date of Incident:** |  | **Time of Incident:** |  |

Incident Description (i.e. general description, timeline, persons involved, etc):

Possible Cause if Identified:

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| Machine Information |

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| **Asset Number:** | |  | **Location:** |  |
| **Serial Number:** | |  | **Manufacturer:** |  |
| **Game theme:** | | |  | |
| **Critical Program Storage Media (Main Program) ID Number/Version:** | | |  | |
| **Base ID Number/Version:** | | |  | |
| **Graphics ID Number/Version:** | | |  | |
| **Sound ID Number/Version:** | | |  | |
| **Other Associated Software:** | | |  | |
| **Bill Validator Hardware ID/Software:** | | |  | |
| **Printer Hardware ID/Software:** | | |  | |
| **Coin Acceptor Hardware ID/Software:** | | |  | |
| **Other Associated Firmware:** | | |  | |
| **Other Applicable Information:** | | |  | |
| **Machine Options and Settings:** | **Denomination(s) enabled:** | |  | |
| **Pay table(s) enabled:**  **(Attach sheet if multi-denom/multi-game).** | |  | |
| **Hopper limit:** | |  | |
| **Credit limit:** | |  | |
| **Bill acceptor limit:** | |  | |
| **Jackpot limit:** | |  | |
| **Validation / redemption setup:** | |  | |
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| System Information | | | | |

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| System manufacturer: |  |
| System main program version: |  |
| Sentinel/PT/GMU Model: |  |
| Sentinel/PT/GMU Version: |  |
| SAS Version: |  |
| Associated Firmware Information: |  |
| Other Applicable Information: |  |
| Communication (comm.) options: |  |
| Comm. channels enabled: |  |

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| Progressive Information |

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| Progressive Type: |  |
| Progressive Controller ID / model #: |  |
| Progressive Setting: |  |
| Controller Program ID Number/Version: |  |
| Other Applicable Information: |  |

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| **Comments:** |

**Please include an electronic copy of all pictures, videos, applicable system reports, machine logs and Machine Entry Access Log (MEAL) books associated with this incident.**

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| **Casino representative: (print)** | **Date Signed:** |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|
| **Signature**: | |
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| **Sign upon receiving evidence (Lab representative):** | **Date Signed:** |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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