



VIDEO LOTTERY BURGLARY REPORT FORM

This form may be completed on-line or printed for hard-copy use. Completed hard copies of this form should be mailed to South Dakota Lottery, Attn: Security Director, 711 E. Wells Ave., Pierre, SD 57501. Completed electronic copies of this form should be emailed to Trevor.Wiebe@state.sd.us. Questions can be directed to 605-773-5770.

Operator/Establishment Information

Operator Number: _____ Operator Name: _____

Establishment Number: _____ Establishment Name: _____

Establishment Address: _____

Alarm system installed: Y ___ N ___ Recordable monitoring installed: Y ___ N ___

Cash removed nightly: Y ___ N ___ Covered by theft insurance: Y ___ N ___

Safe used to store cash: Y ___ N ___

Details of Incident

Date Law Enforcement Notified: ___/___/___ Responding Agency: _____

Investigating Officer: _____ Telephone Number: _____

Establishment telephone lines cut? Y ___ N ___ Electrical power to the terminals cut? Y ___ N ___

Describe method of entry into the establishment:

Describe method of entry into the terminals:

Additional comments:

	Terminal Ser. #	Permit #	Machine Make/Model	\$ Loss	\$ Damage	Misc.
1				\$	\$	
2				\$	\$	
3				\$	\$	
4				\$	\$	
5				\$	\$	
6				\$	\$	
7				\$	\$	
8				\$	\$	
9				\$	\$	
10				\$	\$	

Video Lottery payment funds taken: \$ _____ Non-Video Lottery money taken: \$ _____

Report completed by: _____ Phone #: _____ Date: _____