

**Maryland Lottery**  
**Self-Serve Vending Incident Documentation Form**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Retailer Number:** \_\_\_\_\_ - \_\_\_\_\_

**Retailer name / address:** \_\_\_\_\_

**Player name / phone:** \_\_\_\_\_

**Retailer employee name / phone:** \_\_\_\_\_

**Name of game or scratch-off:** \_\_\_\_\_

*If issue involved a scratch-off, list game number, book number and whether it was just one ticket or several tickets (list all affected)* \_\_\_\_\_

**Cause of error:** \_\_\_\_\_

**Retailer corrective actions taken:** \_\_\_\_\_

**Player impact:** \_\_\_\_\_

**Document any additional comments and staple any evidence to form.**

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