

**FinCEN
Form 102**

April 2003

Previous editions will not be accepted after December 31, 2003

**Suspicious Activity Report
by Casinos and Card Clubs**



Please type or print. Always complete entire report. Items

marked with an asterisk * are considered critical (see instructions).



OMB No. 1506 - 0006

1 Check the box if this report corrects a prior report (see instructions on page 6)

Part I Subject Information

2 Check box (a) if more than one subject box (b) subject information unavailable

*3 Individual's last name or entity's full name			*4 First name			*5 Middle initial			
*6 also known as (AKA- individual), doing business as (DBA- entity)						7 Occupation / type of business			
*8 Address						*9 City			
*10 State		*11 ZIP code		*12 Country (if not U.S.)			13 Vehicle license # / state (optional)		
							a. number b. state		
*14 SSN / ITIN (individual) or EIN (entity)			*15 Account number			No account affected <input type="checkbox"/>		Account open ? Yes <input type="checkbox"/>	
						No <input type="checkbox"/>		16 Date of birth	
								MM DD YYYY	
*17 Government issued identification (if available)						a <input type="checkbox"/> Driver's license/state ID		b <input type="checkbox"/> Passport	
d <input type="checkbox"/> Other _____						d <input type="checkbox"/> Alien registration			
e Number: _____						f Issuing state or country _____			
18 Phone number - work			19 Phone number - home			20 E-mail address (if available)			
() - -			() - -						
21 Affiliation or relationship to casino/card club									
a <input type="checkbox"/> Customer		b <input type="checkbox"/> Agent		c <input type="checkbox"/> Junket / tour operator		d <input type="checkbox"/> Employee		e <input type="checkbox"/> Check cashing operator	
f <input type="checkbox"/> Supplier		g <input type="checkbox"/> Concessionaire		h <input type="checkbox"/> Other (Explain in Part VI)					
22 Does casino/card club still have a business association and/or an employee/employer relationship with suspect?						23 Date action taken(22)			
a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no , why? c <input type="checkbox"/> Barred d <input type="checkbox"/> Resigned e <input type="checkbox"/> Terminated f <input type="checkbox"/> Other (Specify in Part VI)						MM DD YYYY			

Part II Suspicious Activity Information

*24 Date or date range of suspicious activity			*25 Total dollar amount involved in suspicious activity		
From MM/DD/YYYY To MM/DD/YYYY			\$, , .00		
*26 Type of suspicious activity:					
a <input type="checkbox"/> Bribery/gratuity		g <input type="checkbox"/> Misuse of position		m <input type="checkbox"/> Unusual use of wire transfers	
b <input type="checkbox"/> Check fraud (includes counterfeit)		h <input type="checkbox"/> Money laundering		n <input type="checkbox"/> Unusual use of counter checks or markers	
c <input type="checkbox"/> Credit/debit card fraud (incl. counterfeit)		i <input type="checkbox"/> No apparent business or lawful purpose			
d <input type="checkbox"/> Embezzlement/theft		j <input type="checkbox"/> Structuring		o <input type="checkbox"/> False or conflicting ID(s)	
e <input type="checkbox"/> Large currency exchange(s)		k <input type="checkbox"/> Unusual use of negotiable instruments (checks)		p <input type="checkbox"/> Terrorist financing	
f <input type="checkbox"/> Minimal gaming with large transactions		l <input type="checkbox"/> Use of multiple credit or deposit accounts		q <input type="checkbox"/> Other (Describe in Part VI)	

Part III Law Enforcement or Regulatory Contact Information

27 If law enforcement or a regulatory agency has been contacted (excluding submission of a SAR), check the appropriate box.					
a <input type="checkbox"/> DEA		e <input type="checkbox"/> U.S. Customs Service		i <input type="checkbox"/> State law enforcement	
b <input type="checkbox"/> U.S. Attorney (** 28)		f <input type="checkbox"/> U.S. Secret Service		j <input type="checkbox"/> Tribal gaming commission	
c <input type="checkbox"/> IRS		g <input type="checkbox"/> Local law enforcement		k <input type="checkbox"/> Tribal law enforcement	
d <input type="checkbox"/> FBI		h <input type="checkbox"/> State gaming commission		l <input type="checkbox"/> Other (List in item 28)	
28 Other authority contacted (for box 27 g through l) ** List U.S. Attorney office here.			29 Name of person contacted (for all of box 27)		
30 Telephone number of individual contacted in box 29			31 Date Contacted		
() - -			MM DD YYYY		

Part IV Reporting Casino or Card Club Information

2

*32 Trade name of casino or card club	*33 Legal name of casino or card club	*34 EIN
35 Address		
*36 City	*37 State 	*38 ZIP code
39 Type of gaming institution a <input type="checkbox"/> State licensed casino b <input type="checkbox"/> Tribal licensed casino c <input type="checkbox"/> Card club d <input type="checkbox"/> Other (specify) _____		

Part V Contact for Assistance

*40 Last name of individual to be contacted regarding this report	*41 First name	*42 Middle initial
*43 Title/Position	*44 Work phone number ()	*45 Date report prepared ____/____/____ MM DD YYYY

Part VI Suspicious Activity Information - Narrative*

Explanation/description of suspicious activity(ies). This section of the report is critical. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. Provide a clear, complete and chronological description (not exceeding this page and the next page) of the activity, including what is unusual, irregular, or suspicious about the transaction(s), using the checklist below as a guide as you prepare your account.

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Describe the conduct that raised suspicion. b. Explain whether the transaction(s) was completed or only attempted. c. Describe supporting documentation and retain such documentation for your file for five years. d. Explain who benefited, financially or otherwise, from the transaction(s), how much and how (if known). e. Describe and retain any admission or explanation of the transaction(s) provided by the subject(s), witness(s), or other person(s). Indicate to whom and when it was given. Include witness or other person ID. f. Describe and retain any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others. g. Indicate where the possible violation of law(s) took place (e.g., branch, cage, specific gaming pit, specific gaming area). h. Indicate whether the suspicious activity is an isolated incident or relates to another transaction. i. Indicate whether there is any related litigation. If so, specify the name of the litigation and the court where the action is pending. j. Recommend any further investigation that might assist law enforcement authorities. k. Indicate whether any information has been excluded from this report; if so, state reasons. l. Indicate whether any U.S. or foreign currency and/or U.S. or foreign negotiable instrument(s) were involved. If foreign, provide the amount, name of currency, and country of origin. | <ul style="list-style-type: none"> m. Indicate whether funds or assets were recovered and, if so, enter the dollar value of the recovery in whole dollars only. n. Indicate any additional account number(s), and any domestic or foreign bank(s) account numbers which may be involved. o. Indicate for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality. p. Describe any suspicious activities that involve transfer of funds to or from a foreign country, or any exchanges of a foreign currency. Identify the currency, country, sources and destinations of funds. q. Describe subject(s) position if employed by the casino or card club (e.g., dealer, pit supervisor, cage cashier, host, etc.). r. Indicate the type of casino or card club filing this report, if this is not clear from Part IV. s. Describe the subject <u>only</u> if you do not have the identifying information in Part I or if multiple individuals use the same identification. Use descriptors such as male, female, age, etc. t. Indicate any wire transfer in or out identifier numbers, including the transfer company's name. u. If correcting a prior report, complete the form in its entirety and note the changes here in Part VI. |
|--|--|

Information already provided in earlier parts of this form need not necessarily be repeated if the meaning is clear.
Supporting documentation should not be filed with this report. Maintain the information for your files.

Tips on SAR Form preparation and filing are available in the SAR Activity Review at www.fincen.gov/pub_reports.html

Enter explanation/description in the space below. Continue on the next page if necessary.

