Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 2-22-07

Case #: 14F 36303

County: Montgomery

Address: 2355 E OVERCOAT RD
CRAWFORDSVILLE, IN
47933

Type of Laboratory Seizure (check one)

- [x] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] Dumpsite (only)

Seizure Location (check all that apply)

- [x] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [ ] Open – No Structure
- [ ] Other: ____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- [x] Lithium/Ammonia Reaction(s): BASEMENT
- [ ] Red Phosphorous/Iodine Reaction(s): ____
- [x] Flammable Solvents: BASEMENT
- [ ] Water Reactive Metal (Lithium): ____
- [ ] Anhydrous Ammonia: ____
- [x] Hydrochloric Acid Gas Generator(s): BASEMENT
- [x] Corrosive Acid: BASEMENT
- [ ] Corrosive Base: ____
- [ ] Other (item and location): ____

Child under age 18 discovered (check one)

- [x] Yes 1 (number present)
- [ ] No

*If yes, fax report to Child Protective Services

Investigative Information

- [ ] Ephedrine/Pseudoephedrine Tracking Log
- [ ] Retail/Merchant Tip
- [x] Other: WELFARE-CHECK

This report is to be faxed to the following agencies that serve the location:

Fire Department: CRAWFORDSVILLE FD — Fax: ____

Health Department: MONTGOMERY CO. — Fax: ____

Child Protection Service: MONTGOMERY CO. — Fax: (765) 364-4188

For further information regarding this methamphetamine laboratory, contact Investigating Officer: DEP KEN MATHER Phone (765) 362-3140

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.