# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 6/25/07

Case #: 52F43706

County: Shelby

Address: 212 N West St
Shelbyville In
46176

**Type of Laboratory Seizure** (check one)

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

**Seizure Location** (check all that apply)

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

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

- [ ] Lithium/Ammonia Reaction(s): ____
- [ ] Red Phosphorous/Iodine Reaction(s): ____
- [ ] Flammable Solvents: ____
- [ ] Water Reactive Metal (Lithium): ____
- [ ] Anhydrous Ammonia: ____
- [x] Hydrochloric Acid Gas Generator(s): Pop Bottle
- [ ] Corrosive Acid: ____
- [ ] 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: C.I.

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

Fire Department: Shelby FD (317) Fax: 398-6661

Health Department: Shelby Co Fax: 392-2650

Child Protection Service: Shelby Co Fax: 392-2511

For further information regarding this methamphetamine laboratory, contact Investigating Officer: [illegible] Phone (812) 689-5000

** 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.