Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 8-24-07

Case #: 14F 37206

County: MONTGOMERY

Address: 10838 E SR 32
CRAWFORDSVILLE, IN
47933

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 (check all that apply)

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

Child under age 18 discovered (check one)

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

*If yes, fax report to Child Protective Services

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

Fire Department: FRANKLIN FIRE Fax 765-364-5177

Health Department: MONTGOMERY COUNTY Fax ~~[illegible]~~ 765-361-1626

Child Protective Services Department: N/A Fax _____

For further information regarding this methamphetamine laboratory, contact the investigating officer listed below.

Investigating Officer: Trp JOSH EDWARDS Phone 765-567-2125

** 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 case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.