Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 9/9/07

Case #: 16F17532

County: MIAMI

Address: 213 E 3RD ST.
PERU, IN

Type of Laboratory Seizure (check one)

- [ ] Operational Lab
- [x] 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)

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

FAXED 9/10/07

Child under age 18 discovered (check one)

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

*If yes, fax report to Child Protective Services

Investigative Information

- [ ] Ephedrine/Pseudoephedrine Tracking Log
- [ ] Retail/Merchant Tip
- [ ] Other: ____

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

Fire Department: PERU FD — Fax: 472-5191

Health Department: MIAMI CO. — Fax: 473-0285

Child Protection Service: ____ — Fax: ____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: ____ Phone ____

*** 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.