ana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 7-25-07

Case #: 35-26721

County: WARRICK

Address: 855 DEGONIA
BOONVILLE, IN

Type of Laboratory Seizure (check one)

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

Seizure Location (check all that apply)

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

Child under age 18 discovered (check one)

- [ ] Yes 2 (number present)
- [x] No

*If yes, fax report to Child Protective Services

Investigative Information

- [ ] Ephedrine/Pseudoephedrine Tracking Log
- [ ] Retail/Merchant Tip
- [x] Other: SEARCH WARRANT

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

Fire Department: AT SCENE — Fax: ____

Health Department: WARRICK COUNTY — Fax: 897-6104

Child Protection Service: N/A — Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: D. HUMPHREY Phone 812-867-2079

** 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.