# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 1-16-08

Case #: PD 08-0040

County: POSEY

NARCOTICS UNIT

Address: COOPERAVILLE BASE ROADS

POSEY CO, INDIANA

GPS: N37°57'58.27/W87°55'20.70

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

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

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

- [ ] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [x] 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)
- [ ] Corrosive Acid
- [ ] Corrosive Base
- [ ] Other: TANK ONLY

**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: BLACK TOWNSHIP VOL. F.D. Fax 838-0950

Health Department: POSEY CO. Fax 838-8561

Child Protective Services Department: _____ Fax _____

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

Investigating Officer: [signature] Phone 838-1337 " -8675

** 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.