Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2-1-08

Case #: PO 08-013D

County: POSEY CO.

Address: HARMONIE - SPRINGFIELD RD.
NEW HARMONY INDIANA

GPS:

Type of Laboratory Seizure (check one)

- [ ] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [x] 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)
- [x] Flammable Solvents
- [ ] Water Reactive Metal (Lithium)
- [ ] Anhydrous Ammonia
- [ ] Hydrochloric Acid Gas Generator(s)
- [ ] Corrosive Acid
- [ ] Corrosive Base
- [ ] Other: EMPTY FIRE EXTINGUISHER, GLASS JARS W/POWDER RESIDUE

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: NEW HARMONY F.D. Fax 682-3222

Health Department: POSEY CO. HEALTH DEPT. Fax 838-8561

Child Protective Services Department: _____ Fax _____

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

Investigating Officer: Kenneth Rae Phone 838-1337

** 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.