Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 3/28/08

Case #: PO 08-034D

County: POSEY COUNTY
NARCOTICS UNIT

Address: 3931 DAVIS ROAD
MT. VERNON INDIANA
POSEY COUNTY
GPS: N37°58'46.50 / W87°46'24.89
RESIDENCE: GARY LINDSEY

Type of Laboratory Seizure (check one)

- [ ] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] 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)
- [ ] Anhydrous Ammonia
- [ ] Hydrochloric Acid Gas Generator(s)
- [ ] Corrosive Acid
- [ ] Corrosive Base
- [x] Other: QTY 5 EMPTY ANHYDROUS AMMONIA ALTERED TANKS.

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: MARKS TOWNSHIP VOL. F.D. Fax (812) 985-9357

Health Department: POSEY CO. HEALTH DEPT. Fax (812) 838-8561

Child Protective Services Department: N/A Fax _____

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

Investigating Officer: Kenneth Rose Phone (812) 838-8675
" 307-0047

** 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.