Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2/11/08

Case #: 16F17834

County: HOWARD

Address: 1347 S. WAUGH ST.
KOKOMO, IN
46902

Type of Laboratory Seizure (check one)

- [X] Operational Lab
- [ ] 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: KITCHEN
- [X] Water Reactive Metal (Lithium): KITCHEN
- [X] Anhydrous Ammonia: KITCHEN (Mixed with solvents)
- [ ] Hydrochloric Acid Gas Generator(s): ___
- [ ] Corrosive Acid: ___
- [ ] Corrosive Base: ___
- [ ] Other (item and location): ___

FAXED: 2/12/08

Child under age 18 discovered (check one)

- [X] Yes 1 (~~number present~~)
- [ ] No NOT PRESENT, BUT RESIDES

*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: KOKOMO — Fax: 765-456-7579

Health Department: HOWARD CO. — Fax: 765-456-2417

Child Protection Service: HOWARD CO. — Fax: 765-459-5920

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: R.E. LAND Phone 765-473-6666

** 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.