ana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 3/2/08

Case #: 16-17884

County: WABASH

Address: 12219N, 300E
NORTH MANCHESTER, IN

Type of Laboratory Seizure (check one)

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

Seizure Location (check all that apply)

- [ ] Residence
- [x] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [ ] Open – No Structure
- [ ] Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)
(check all that apply)

FAXED 3/3/08

- [ ] Lithium/Ammonia Reaction(s): _____
- [ ] Red Phosphorous/Iodine Reaction(s): _____
- [x] Flammable Solvents: EMPTY CANS FOUND IN BURN BARREL / TRASH
- [x] Water Reactive Metal (Lithium): BATTERY CASINGS FOUND IN BURN BARREL / TRASH
- [x] Anhydrous Ammonia: BARN
- [ ] Hydrochloric Acid Gas Generator(s): _____
- [ ] Corrosive Acid: _____
- [ ] Corrosive Base: _____
- [ ] Other (item and location): _____

Child under age 18 discovered (check one)

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

*If yes, fax report to Child Protective Services

Investigative Information

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

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

Fire Department: CHESTER TWP. Fax: 260-982-1975

Health Department: WABASH CO. Fax: 260-563-6082

Child Protection Service: WABASH CO. Fax: 260-563-0578

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.