Methamphetamine Laboratory Occurrence Report

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

17907

HOWARD

Address: 714 W. JEFFESON ST.
KOKOMO, IN

Laboratory Seizure (check one)

- Operational Lab
- Chemical/Glassware/Equipment (only)
- Dumpsite (only)

Seizure Location (check all that apply)

- [X] Residence
- [X] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [ ] Open -- No Structure
- [ ] Other: ____

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

- [X] Lithium/Ammonia Reaction(s): BASEMENT, GARAGE
- [ ] Red Phosphorous/Iodine Reaction(s): ____
- [X] Flammable Solvents: BASEMENT, GARAGE
- [X] Water Reactive Metal (Lithium): TRASH, BASEMENT
- [X] Anhydrous Ammonia: UNDER BACK DECK 30 gal.
- [X] Hydrochloric Acid Gas Generator(s): (32) BASEMENT, TRASH
- [X] Corrosive Acid: BASEMENT
- [X] Corrosive Base: BASEMENT
- [ ] 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

- [ ] 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 FD. Fax: 765-456-7579

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

Child Protection Service: ____ Fax: ____

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.