Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 3/14/08

Case #: 16F17916

County: HOWARD

Address: 1814 N. INDIANA ST.
KOKOMO, IN

Type of Laboratory Seizure (check one)

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

Seizure Location (check all that apply)

- [ ] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [X] 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): _____
- [ ] Flammable Solvents: _____
- [ ] Water Reactive Metal (Lithium): _____
- [ ] Anhydrous Ammonia: _____
- [X] Hydrochloric Acid Gas Generator(s): TRASH CONTAINER AT ALLEY
- [ ] 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

- [ ] 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.