Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 04/02/07

Case #: 42-28174

County: Decatur

Address: 906 N SR 3
Westport In
47283

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): _____
- [x] Anhydrous Ammonia: Tank w/ No Valve, Block
- [ ] Hydrochloric Acid Gas Generator(s): _____
- [ ] Corrosive Acid: _____
- [ ] Corrosive Base: _____
- [ ] Other (item and location): _____

Child under age 18 discovered (check one)

- [ ] Yes 2 (number present)
- [x] No

*If yes, fax report to Child Protective Services

Investigative Information

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

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

Fire Department: Westport VFD — Fax: Delaware Co GFD Fire Relay

Health Department: Decatur Co — Fax: 812-663-4701

Child Protection Service: N/A — Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Ayers Phone 812-664-5000

** 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.