Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 4-16-08

Case #: 22-43033

County: Noble

Address: CR 175N & CR 500E
Railroad Bridge
Albion IN 46701

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)

- [x] Lithium/Ammonia Reaction(s): Burnt one-pot Reaction
- [ ] Red Phosphorous/Iodine Reaction(s): _____
- [ ] Flammable Solvents: _____
- [x] Water Reactive Metal (Lithium): Strippings And Casings
- [ ] Anhydrous Ammonia: _____
- [x] Hydrochloric Acid Gas Generator(s): 20 oz Partially Burnt
- [ ] Corrosive Acid: _____
- [ ] Corrosive Base: _____
- [x] Other (item and location): Filter

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
- [x] Other: FD

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

Fire Department: Albion Fire — Fax: 260-636-6030

Health Department: Noble Health — Fax: 260-636-2192

Child Protection Service: _____ — Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: TPR Ross Smith Phone 260-432-8661

** 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.