Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 6/3/04

Case #: 43F25954

County: Bartholomew

Address: 4360 E State St
Columbus IN
47201

Type of Laboratory Seizure (check one)

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

Seizure Location (check all that apply)

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

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

- [X] Lithium/Ammonia Reaction(s): ____
- [ ] Red Phosphorous/Iodine Reaction(s): ____
- [X] Flammable Solvents: 2 gallons
- [ ] Water Reactive Metal (Lithium): ____
- [X] Anhydrous Ammonia: 1 pound
- [ ] Hydrochloric Acid Gas Generator(s): ____
- [X] Corrosive Acid: Sulfuric 1 qt
- [ ] Corrosive Base: ____
- [X] Other (item and location): Filters, Containers

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: Property Owner

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

Fire Department: C.F.D. Fax: ____

Health Department: Bartholomew Co. Fax: ____

Child Protection Service: ____ Fax: ____

812-379-1651 to S.O. & Hand Delivered

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Ayres Phone 812-689-5000

** 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.