Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 7/13/08

Case #: 42-28449

County: Decatur

Address: 10000 S 9th 60 E
Greensburg IN
47240

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: Bleeding on Valve System
- [ ] Hydrochloric Acid Gas Generator(s): ____
- [ ] Corrosive Acid: ____
- [ ] Corrosive Base: ____
- [ ] Other (item and location): ____

Child under age 18 discovered (check one)

- [ ] Yes ____ (number present)
- [ ] 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: Millhouse VFD Fax: Delivered to GFD

Health Department: Decatur Co Fax: 663-8704

Child Protection Service: ____ Fax: ____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Ayes 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.