

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 7/24/08  
Case #: 42-25529  
County: Decatur

Address: Base Road At 42700W  
Burney IN 47240

**Type of Laboratory Seizure (check one)**

- Operational Lab
- Chemical/Glassware/Equipment (only)
- Dumpsite (only)

**Seizure Location (check all that apply)**

- Residence
- Outbuilding
- Vehicle
- Hotel/Motel
- 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: Gas Can
- 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: Property Owner

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

Fire Department: Burney VFD  
Health Department: Decatur Co  
Child Protection Service: N/A

Fax: Delaware to GFD  
Fax: 663-4701  
Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Ayers Phone 812-569-0657

\*\* 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.