Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 9-30-08

Case #: 42-28743

County: Decatur

Address: 493 S CR 350 W
Greensburg, 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: Transport wagon
- ☐ Hydrochloric Acid Gas Generator(s): ____
- ☐ Corrosive Acid: ____
- ☐ Corrosive Base: ____
- ☒ Other (item and location): Hoses, clamps, funnels

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: GFD — Fax: Hand Delivered

Health Department: Decatur Co. HD — Fax: 812-663-8301

Child Protection Service: ____ — Fax: ____

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