Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 9/13/08

Case #: 42-28 697

County: Decatur

Address: 8927 S C/R 600W
Westport In
47283

Type of Laboratory Seizure (check one)

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

Seizure Location (check all that apply)

- [X] Residence
- [X] 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): X 3
- [ ] Red Phosphorous/Iodine Reaction(s): ___
- [X] Flammable Solvents: Coleman Fuel
- [X] Water Reactive Metal (Lithium): Batteries & Intact Strips
- [X] Anhydrous Ammonia: 3 Cylinders
- [X] Hydrochloric Acid Gas Generator(s): Gallon HCl Active
- [X] Corrosive Acid: 2 gallon Muriatic
- [X] Corrosive Base: Reactants
- [ ] Other (item and location): ___

Child under age 18 discovered (check one)

- [ ] Yes 2 (number present)
- [X] No

*If yes, fax report to Child Protective Services

Investigative Information

- [ ] Ephedrine/Pseudoephedrine Tracking Log
- [ ] Retail/Merchant Tip
- [X] Other: MSS Investigator

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

Fire Department: Westport VFD — Fax: give Copy @ Scene

Health Department: DCHD — Fax: 812-663-4704

Child Protection Service: ___ — Fax: ___

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Ayers Phone 317-234-4591

** 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.