Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 01-09-09

Case #: 42-28993

County: DECATUR

Address: 4000 S CR 800 SOUTH
GREENSBURG, IN

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: RESIDUAL
- ☒ Hydrochloric Acid Gas Generator(s): _____
- ☐ Corrosive Acid: _____
- ☐ Corrosive Base: _____
- ☒ Other (item and location): TUBING, FILTERS, PLASTIC

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: L.E.O.

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

Fire Department: N.P.V.F.D. — Fax: HAND DELIVERED

Health Department: D.C.H.D. — Fax: HANDDELIVERED

Child Protection Service: _____ — Fax: _____

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