

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 7/31/09

Address: 2557 West, 50 South

Case #: 16F19084

Logansport, IN.

County: Cass

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: large east room, utility/tool room
 Water Reactive Metal (Lithium): wood burning stove, burn pile
 Anhydrous Ammonia: _____
 Hydrochloric Acid Gas Generator(s): _____
 Corrosive Acid: large east room
 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: Logansport Fire

Fax: 574-722-3842

Health Department: Cass Co.

Fax: 574-753-7039

Fax: _____

Child Protection Service: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: R.E. Land

Phone 765-473-6666

** 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.