

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 06-10-09

Address: 4993 CR 41

Case #: 22F44473

AUBURN, IN

County: DEKALB

46706

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): ATTACHED SHED

Red Phosphorous/Iodine Reaction(s): _____

Flammable Solvents: ATTACHED SHED

Water Reactive Metal (Lithium):

Anhydrous Ammonia: _____

Hydrochloric Acid Gas Generator(s): ATTACHED SHED

Corrosive Acid: ATTACHED SHED

Corrosive Base: ATTACHED SHED

Other (item and location): _____

Child under age 18 discovered (check one)

Yes 3 (number present)

No

*If yes, fax report to Child Protective Services

Investigative Information

Ephedrine/Pseudoephedrine Tracking Log

Retail/Merchant Tip

Other: DEP. JOSH HURLEY

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

Fire Department: JACKSON FIRE

Fax: 260-925-6673

Health Department: DEKALB HEALTH

Fax: 260-925-2090

Fax: 260-925-5542

Child Protection Service: DEKALB

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: AL MARTINEZ Phone 574-234-4157

** 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.