

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07-09-2009

Address: 325 W DEPOT

Case #: 22F44572

BUTLER, IN.

County: DEKALB

46721

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): OPEN/BEDROOM
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: BEDROOM
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: _____
 Hydrochloric Acid Gas Generator(s): OPEN
 Corrosive Acid: BEDROOM
 Corrosive Base: BEDROOM
 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: BUTLER PD

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

Fire Department: BUTLER RD

Fax: 260-868-2946

Health Department: DEKALB CO

Fax: 260-925-2090

Fax: _____

Child Protection Service: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: L. ANDREW SMITH Phone 260-432-8661

** 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.