

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

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

**Date:** 03-16-2009

**Address:** CR 775 N CR 125 E

**Case #:** 32-29309

Shelburn, IN

**County:** Sullivan

47879

**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: \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): Ditch  
 Corrosive Acid: \_\_\_\_\_  
 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: Shelburn VFD

Fax: 812-397-5900

Health Department: Sullivan

Fax: 812-268-0423

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Ritch A. Reynolds Phone (812)299-1153

\*\* 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.