

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07-23-2009

Address: 299 MAIN CROSS STREET

Case #: 35-29410

PATOKA, IN 47666

County: GIBSON

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
 Dumpsite (only)

Seizure Location (check all that apply)

- Residence Hotel/Motel
 Outbuilding Open – No Structure
 Vehicle Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): POLE BARN
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: RESIDENCE
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: POLE BARN
 Hydrochloric Acid Gas Generator(s): POLE BARN
 Corrosive Acid: RESIDENCE
 Corrosive Base: POLE BARN
 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: WHITE RIVER TWP

Fax: _____

Health Department: GIBSON CO HD

Fax: 812-386-8027

Fax: 812-385-2197

Child Protection Service: GIBSON CO CPS

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: DOUG HUMPHREY Phone 812-867-2079

** 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.