

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 09/22/09

Address: 1787 WEST C.R. 900 SOUTH

Case #: 42-29750

WESTPORT, IN

County: DECATUR

47283

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: MINERAL SPIRITS
 Water Reactive Metal (Lithium): STRIPPED BATTERIES
 Anhydrous Ammonia: _____
 Hydrochloric Acid Gas Generator(s): _____
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): SALT, TUBING

Child under age 18 discovered (check one)

- Yes 2 (number present)
 No

*If yes, fax report to Child Protective Services

Investigative Information

- Ephedrine/Pseudoephedrine Tracking Log
 Retail/Merchant Tip
 Other: L.E.O. ACTION

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

Fire Department: WESTPORT VFD

Fax: E-MAIL

Health Department: D.C.H.D.

Fax: E-MAIL

Fax: ON SCENE

Child Protection Service: D.C.O.F.C.

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: AYERS

Phone 317.234.4591

** 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.