

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 02-07-09

Address: 2224 S US 421

Case #: 42F29099

GREENSBURG, IN

County: DECATUR

47240

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:
DUMPSTER

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

(check all that apply)

- Lithium/Ammonia Reaction(s): NUMEROUS REACTIONS IN TRASH
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: COLEMAN FUEL CONTAINERS
 Water Reactive Metal (Lithium): ENERGIZER E2 LITHIUM BATTERIES
 Anhydrous Ammonia: 7 GALLON AIR TANK
 Hydrochloric Acid Gas Generator(s): NUMEROUS
 Corrosive Acid: SULFERIC
 Corrosive Base: _____
 Other (item and location): PLASTIC COOKWARE, TUBING, COFFEE FILTERS, SALTS

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: GFD

Fax: EMAILED

Health Department: DCHD

Fax: EMAILED

Child Protection Service: DCOFC

Fax: EMAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: _____ Phone _____

** 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.