

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 08/24/09

Address: DAVE SMITH PROPERTY

Case #: 42F29660

5617 N OLD US 421

County: DECATUR

ST PAUL, IN

## 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: ETHER, SOLVENT  
 Water Reactive Metal (Lithium): E2 BATTERIES  
 Anhydrous Ammonia: \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
 Corrosive Acid: SUFERIC  
 Corrosive Base: \_\_\_\_\_  
 Other (item and location): FILTERS, GLASSWARE, SYRIN

## 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: UTILITY WORKERS

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

Fire Department: ST PAUL VFD

Fax: E-MAIL

Health Department: D.C.H.D.

Fax: E-MAIL

Fax: \_\_\_\_\_

Child Protection Service: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: C. 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.