

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

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

**Date:** 11-08-09

**Address:** Sherriff Dept.

**Case #:** 53-21729

13 Kieghtly Rd

**County:** Putnam

Greencastle, In. 46135

## **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: open air, side of CR 1000N west of US 231  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
 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: passing motorist

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

Fire Department: Greencastle

Fax: In person

Health Department: Putnam County

Fax: 765-653-0211

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

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

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: James D Minton Phone 765-653-4114.

\*\* 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.