# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 4-5-10

**Case #:** 24-31362

**County:** Elkhartr

**Address:** W. Beardsley @ W. Boulevard

**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): open air
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☐ Flammable Solvents: _____
- ☒ Water Reactive Metal (Lithium): open air
- ☒ Anhydrous Ammonia: open air
- ☐ Hydrochloric Acid Gas Generator(s): _____
- ☒ Corrosive Acid: open air
- ☒ Corrosive Base: open air
- ☐ 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: LE

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

Fire Department: Elkhart Fire — Fax: 574-522-1023

Health Department: Elkhart County — Fax: emailed

Child Protection Service: n/a — Fax: n/a

For further information regarding this methamphetamine laboratory, contact Investigating Officer: Det. Aaron Campbell Phone 574-546-4900

** 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.