Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07/18/2010

Case #: 45-51543

County: SCOTT

Address: 525 S. LAKE ROAD
SCOTTSBURG, IN.
(PIZZA HUT PARKING LOT)

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: _____
- ☐ Hydrochloric Acid Gas Generator(s): _____
- ☒ Corrosive Acid: IN CAR
- ☒ Corrosive Base: IN CAR
- ☐ 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:_____

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

Fire Department: SCOTTSBURG FIRE DEPT. Fax: 812-752-7287

Health Department: SCOTT CO. Fax: 812-752-6023

Child Protection Service: N/A Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: MARTIN A. MEAD Phone 812-522-1441

** 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.