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 **Address:** NORTH VERNON P.D.

Case #: 42F30865 _____

County: JENNINGS _____

Type of Laboratory Seizure (check one)

- [x] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] Dumpsite (only)

Seizure Location (check all that apply)

- [ ] Residence
- [ ] Outbuilding
- [x] 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): _____
- [x] Flammable Solvents: IN CAR
- [x] Water Reactive Metal (Lithium): IN CAR
- [ ] Anhydrous Ammonia: _____
- [ ] Hydrochloric Acid Gas Generator(s): _____
- [ ] Corrosive Acid: _____
- [x] Corrosive Base: IN CAR
- [ ] Other (item and location):_____

Child under age 18 discovered (check one)

- [ ] Yes _____ (number present)
- [x] 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: NORTH VERNON FIRE Fax: 812-346-6749

Health Department: JENNINGS CO. Fax: 812-352-3030

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.