

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 08/08/2010

Address: 6790 E. C.R. 175 N.

Case #: 42-30961

County: JENNINGS

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: ALONG ROADWAY
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: _____
 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: _____

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

Fire Department: CAMPBELL TOWNSHIP

Fax: 812-458-6953

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.