

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07-30-2010
Case #: 22F46098
County: Dekalb

Address: 1123 W 15th St.
Apt # 3
Auburn, IN.

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): Kitchen
- Red Phosphorous/Iodine Reaction(s): _____
- Flammable Solvents: Kitchen/Bedroom
- Water Reactive Metal (Lithium): Kitchen
- Anhydrous Ammonia: _____
- Hydrochloric Acid Gas Generator(s): Livingroom
- Corrosive Acid: Kitchen
- Corrosive Base: Bedroom
- 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: Auburn City Fax: 260-920-3345
 Health Department: Dekalb County Fax: 260-925-2090
 Child Protection Service: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact Investigating Officer: D. Hostetler Phone 1-800-552-0976

** 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.