

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 11/07/2010

Address: C.R. 75 E. N. OF

Case #: 42-31406

U.S. 50

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): ALONG ROADWAY

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: CENTER TOWNSHIP

Fax: 812-346-6749

Health Department: JENNINGS CO.

Fax: 812-352-3030

Fax: N/A

Child Protection Service: 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.