

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 6/29/2011

Address: 734 E. WATER St

Case #: 11-001377

MT VERNON IN

County: Posey

47620

## 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: clear liquid pH7  
 Water Reactive Metal (Lithium): \_\_\_\_\_  
 Anhydrous Ammonia: TRACE  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
 Corrosive Acid: Liquid Fire  
 Corrosive Base: \_\_\_\_\_  
 Other (item and location): ammomium nitrate

## 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: MT VERNON

Fax: \_\_\_\_\_

Health Department: POSEY COUNTY

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Child Protection Service: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Paul Stolz , Phone 812-867-2079

\*\* 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.