

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 10/12/2011
Case #: 1111796 002502
County: Daviess

Address: Jackson St
Washington IN 47501

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: _____
- 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: [Crimina]

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

Fire Department: _____ Fax: _____
 Health Department: _____ Fax: _____
 Child Protection Service: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Dietsch 08 Phone 254-4410

** 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.