# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 3/26/2011

**Case #:** 51F18505

**County:** MADISON

**Address:** S B ST/S ANDERSON ST
ELWOOD, 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): _____
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☒ Flammable Solvents: OPEN AIR
- ☐ 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: ELWOOD FIRE DEPT — Fax: _____

Health Department: MADISON COUNTY — Fax: _____

Child Protection Service: N/A — Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: BRIZENDINE, J Phone 765-552-3376

** 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.