Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date:	<u>03/24/2011</u>	Address:	1536 W. Washington St
Case #:	<u>14F40757</u>		<u>Delphi, IN</u>
County :	<u>Carroll</u>		<u>46923</u>
Type of L	aboratory Seizure (check one)	Seizure Location (check all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all t	and: Location (bedroom, kitchen, open a chat apply) m/Ammonia Reaction(s):	<u>ir, etc)</u>	
Red Ph	nosphorous/Iodine Reaction(s):	-	
Flamm	able Solvents:		
☐ Water	Reactive Metal (Lithium):		
Mydrod	chloric Acid Gas Generator(s): detach	ned garage/shop	
Anhyd	rous Ammonia:		
Corros	ive Acid:		
Corros	ive Base:		
Other ((item and location): Empty flammable	solvent	
Yes No Childre Living cor Estimated	ler age 18 discovered (check appropria (number present) en not present but evidence they residentions of home: clean disarral length of time manufacturing had bee Information:	e or visit often y 🔀 unclean	<u>n</u>
This repo	rt has been faxed* to the following a	agencies that serve th	<u>ne location</u> :
Health De	rtment: <u>Delphi FD</u> partment: <u>Carroll County</u> nt of Child Services: <u>NA</u>	Fax: <u>765-5</u> Fax: <u>NA</u>	
	r information regarding this methampling Officer: B. RUSSELL Pho	netamine laboratory, one 765-567-2125	contact

^{*} This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.