

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 6/8/11

Address: 1100 Pearl St. Lot #9

Case #: 14F40964

Covington, IN

County: Fountain

47932

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:
Trash bag

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): trash
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: kitchen
 Water Reactive Metal (Lithium): _____
 Hydrochloric Acid Gas Generator(s): trash
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: bedroom
 Other (item and location): _____

Child under age 18 discovered (check appropriate)

- Yes 2 (number present)
 No
 Children not present but evidence they reside or visit often
Living conditions of home: clean disarray unclean
Estimated length of time manufacturing had been occurring: Unknown
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: Covington

Fax: 765-793-0071

Health Department: Fountain/Warren

Fax: 765-762-6520

Department of Child Services: Fountain

Fax: 765-294-4315

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: B. Russell

Phone 765-567-2125

* 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.