

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 04-14-2011

Address: 4675 N 800 W

Case #: 22-47333

ANGOLA, IN.

County: STEUBEN

46703

## 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: BEDROOM  
 Water Reactive Metal (Lithium): \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
 Anhydrous Ammonia: \_\_\_\_\_  
 Corrosive Acid: BEDROOM  
 Corrosive Base: \_\_\_\_\_  
 Other (item and location): AMMONIUM SULFATE / ATTIC

## Child under age 18 discovered (check appropriate)

- Yes \_\_\_\_\_ (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: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

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

Fire Department: ORLAND FD

Fax: E-MAILED

Health Department: STEUBEN CO

Fax: E-MAILED

Department of Child Services: \_\_\_\_\_

Fax: E-MAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

\* 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.