

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 3/9/2011

Address: 5227 ADEL RD

Case #: 11C000107

SPENCER, IN

County: OWEN

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

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: TWP FD

Fax: HAND DELIVERED

Health Department: OWEN CO

Fax: 812-829-5044

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JON PATRICK Phone 812-332-4411

* 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.