

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 03/09/2011

Address: 710 GREENBRIAR CIRCLE

Case #: 42F32000

C.S.L.

County: JENNINGS

NORTH VERNON, 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): IN TRAILER
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: IN TRAILER
☐ Water Reactive Metal (Lithium): _____
☒ Hydrochloric Acid Gas Generator(s): IN TRAILER
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: IN TRAILER
☒ Corrosive Base: IN TRAILER
☐ 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: GENEVA TWNSHP.

Fax: 812-392-2711

Health Department: JENNINGS CO.

Fax: 812-352-3030

Department of Child Services: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: TROOPER MARTIN A. MEAD Phone 812-658-5000

* 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.