

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 03/27/2011

Address: 2502 SHAKERTOWN WAY

Case #: 42F32104

C.S.L.

County: JENNINGS

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 TRASH
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: IN TRASH/BEDROOM
 Water Reactive Metal (Lithium): _____
 Hydrochloric Acid Gas Generator(s): IN TRASH
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: IN BATHROOM
 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 812-689-5000

* 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.