# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 04/25/2011

**Case #:** 42-32249

**County:** DECATUR

**Address:** 300 BLK OF W. RAILROAD
GREENSBURG, IN
47240

**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 AIR
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☒ Flammable Solvents: OPEN AIR
- ☒ Water Reactive Metal (Lithium): OPEN AIR
- ☒ Anhydrous Ammonia: NIL
- ☐ Hydrochloric Acid Gas Generator(s): _____
- ☐ Corrosive Acid: _____
- ☒ Corrosive Base: OPEN AIR
- ☒ Other (item and location):KNIFE

**Child under age 18 discovered** (check one)

- ☐ Yes _____ (number present)
- ☒ No

*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log
- ☐ Retail/Merchant Tip
- ☒ Other:L.E.O. ACTION

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: G.F.D. Fax: E-MAIL

Health Department: D.C.H.D. Fax: E-MAIL

Child Protection Service: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: HOWARD AYERS Phone 812.234.4591

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.