

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2/10/11

Address: 110 N Michigan St.

Case #: 24F32359

Lakeville, IN

County: St. Jospheh

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

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: Traffic Stop

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

Fire Department: Lakeville Union Twnshp.

Fax: 574-784-2698

Health Department: St. Joseph County

Fax: (574) 235-9960

Fax: _____

Child Protection Service: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr. Keith Bikowski Phone 574-546-4900

** 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.