

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 04/01/11
Case #: 24F32389
County: Kosciusko

Address: Tower St at Third St
Piercetown, 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): _____
- Red Phosphorous/Iodine Reaction(s): _____
- Flammable Solvents: vehicle
- Water Reactive Metal (Lithium): _____
- Hydrochloric Acid Gas Generator(s): _____
- Anhydrous Ammonia: _____
- Corrosive Acid: _____
- Corrosive Base: vehicle
- 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: Piercetown VFD Fax: 574-594-2132
Health Department: Kosciusko Co. Fax: (574) 269-2023
Department of Child Services: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: John Wilson Phone 546-4900

* 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.