Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 06/21/2011

Case #: 42-32526

County: DECATUR

Address: C.R. SW 60 AND C.R. 800S
WESTPORT, IN
47283

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: BAG
- ☒ Water Reactive Metal (Lithium): BAG
- ☐ Anhydrous Ammonia: _____
- ☐ Hydrochloric Acid Gas Generator(s): _____
- ☐ Corrosive Acid: _____
- ☐ Corrosive Base: _____
- ☒ Other (item and location): BLISTERS, PAPERTOWELS

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: ANON REPORT

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

Fire Department: W.V.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 317.234.4591

** 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.