

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 01/23/2011

Address: 700 S 650 W

Case #: 22F46939

Hudson IN, 46747

County: Steuben

Vehicle

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): _____
- Anhydrous Ammonia: _____
- Hydrochloric Acid Gas Generator(s): _____
- Corrosive Acid: _____
- Corrosive Base: _____
- Other (item and location): oxidizer and 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: Hudson Police Department

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

Fire Department: Hudson VFD

Fax: emailed

Health Department: Steuben Health Dept

Fax: emailed

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Matt Lazoff Phone 5742062931

** 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.