

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 03/25/2011

Address: 50 West 500 North

Case #: 22-47235

Albion, Indiana

County: Noble

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:
ditch

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

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

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: Albion FD

Fax: e-mailed

Health Department: Noble County

Fax: e-mailed

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Doug Jackson

Phone 260-432-8661

* 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.