

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 10/06/2011

Address: SR 9 at CR 500 N

Case #: 22-48023

Albion

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: _____

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

(check all that apply)

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