

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2-27-2011

Address: 106 Rome Boulevard

Case #: 13F76155

Lowell, IN

County: Lake

46356

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): Inside passenger car
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: At residence
 Water Reactive Metal (Lithium): In car and at house
 Anhydrous Ammonia: _____
 Hydrochloric Acid Gas Generator(s): _____
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): _____

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: _____

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

Fire Department: Lowell VFD

Fax: 219-696-5048

Health Department: Lake Co. Health Dept.

Fax: 219-755-3668

Child Protection Service: DCS Region 1

Fax: 219-881-2013

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trp. J. Myers, PE 7941 Phone 219-696-6242

** 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.