Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 6/28/2012

Case #: 12ISPC2642

County: Dekalb

Address: 906 Peterson Street
Auburn
Indiana, 46706

Type of Laboratory Seizure (check one)

- [x] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] Dumpsite (only)

Seizure Location (check all that apply)

- [ ] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [x] Open – No Structure
- [ ] Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)
(check all that apply)

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

Child under age 18 discovered (check appropriate)

- [ ] Yes _____ (number present)
- [x] 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: Auburn FD — Fax: emialed
Health Department: Dekalb CO — Fax: emailed
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.