Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 7-10-2012

Incident #: 12ISPC003051

County: Jay

Address: 6232 W. SR 18
Bryant, IN 46326
_____

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: Woods

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

- ☒ Lithium/Ammonia Reaction(s): Trunk of car
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☒ Flammable Solvents: Garage
- ☒ Water Reactive Metal (Lithium): Woods
- ☒ Hydrochloric Acid Gas Generator(s): Trunk of car/woods
- ☐ Anhydrous Ammonia: _____
- ☒ Corrosive Acid: Trunk of car
- ☐ Corrosive Base: _____
- ☒ Other (item and location): Ammonium Sulfate, Trunk

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: Bryant VFD — Fax: E-Mailed
Health Department: Jay Co. — Fax: E-Mailed
Department of Child Services: _____ — Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: S/Trp. Tim Myers 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.