

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 08/22/2012

Address: Co Rd 600 N @ 250 E

Case #: 004739

Shelburn, In

County: Sullivan

47879

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): _____
- Red Phosphorous/Iodine Reaction(s): _____
- Flammable Solvents: open air
- Water Reactive Metal (Lithium): open air
- Anhydrous Ammonia: open air
- Hydrochloric Acid Gas Generator(s): _____
- Corrosive Acid: open air
- 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: Shelburn

Fax: N/A

Health Department: Sullivan Co

Fax: 812-

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Trp. Raulston, Shilo Phone 765-653-4114

** 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.