# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 02/01/2012 **Address:** 2908 E. 9th St.

**Case #:** 51F-19419 Muncie

**County:** Delaware Indiana

**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): Bedroom/trash/open air.
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☒ Flammable Solvents: bedroom/open air.
- ☒ Water Reactive Metal (Lithium): bedroom, kitchen, open air.
- ☒ Anhydrous Ammonia: bedroom/open air
- ☒ Hydrochloric Acid Gas Generator(s): open air
- ☒ Corrosive Acid: bedroom/open air/kitchen
- ☒ Corrosive Base: bedroom/open air/kitchen
- ☐ Other (item and location):_____

**Child under age 18 discovered** (check one)

- ☒ Yes 3 (number present)
- ☐ No

*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log
- ☐ Retail/Merchant Tip
- ☒ Other: Muncie PD

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

Fire Department: Muncie FD (765) 747-4870 Fax: N/A

Health Department: Delaware County Fax: (765) 747-7747

Child Protection Service: Delaware County Fax: (765) 281-0455

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Thomas Harbison Phone 765-778-2121

** 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.