

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 02/16/2012

Address: 1515 S Miller Ave. Lot 62

Case #: 16F21281

Marion,IN 46952

County: Grant/27

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): (One Pot) bedroom
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: Colman camp fuel, bedroom
 Water Reactive Metal (Lithium):
 Anhydrous Ammonia: _____
 Hydrochloric Acid Gas Generator(s): Bedroom
 Corrosive Acid: Muratic acid, bedroom
 Corrosive Base: Sodium hydroxide ,bedroom
 Other (item and location): _____

Child under age 18 discovered (check one)

- Yes 0 (number present)
 No

*If yes, fax report to Child Protective Services

Investigative Information

- Ephedrine/Pseudoephedrine Tracking Log
 Retail/Merchant Tip
 Other:Law Enforcement

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

Fire Department: Marion Fire Department

Fax: 765-668-4416

Health Department: Grant Co. Health Dept.

Fax: 765-651-2419

Fax: _____

Child Protection Service: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trp. Wendell Beachy Phone 765-473-6666

** 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.