

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07-09-2012

Address: 7235 E. 200 S.

Incident #: 12ISPC002996

LAGRANGE, IN.

County: LAGRANGE

46761

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:
RV

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

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

Child under age 18 discovered (check appropriate)

- Yes 3 (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: UNK
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: JOHNSON TWP

Fax: E-MAILED

Health Department: LAGRANGE CO

Fax: E-MAILED

Department of Child Services: LAGRANGE

Fax: E-MAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH 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.