

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07/23/2012

Gosport, Indiana 47433

Incident #: 12ISPC003552

County: OWEN

Address: E Walnut St and S 1<sup>st</sup> St.

**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: \_\_\_\_\_  
 Water Reactive Metal (Lithium): \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): 1  
 Anhydrous Ammonia: \_\_\_\_\_  
 Corrosive Acid: \_\_\_\_\_  
 Corrosive Base: \_\_\_\_\_  
 Other (item and location): Coffee Filters/ blister p

**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: OWEN COUNTY Fax: 8128291270  
Health Department: OWEN COUNTY Fax: 8128295044  
Department of Child Services: \_\_\_\_\_ Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

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Investigating Officer: Joshua Allen

Phone 8123324411

- \* 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.