

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 01/04/2012

Address: 4700 BLOCK OF CR 20 W

Case #: 42-33418

County: DECATUR

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): 1 POT
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: 1 POT
 Water Reactive Metal (Lithium): 1 POT
 Hydrochloric Acid Gas Generator(s): ACTIVE
 Anhydrous Ammonia: 1 POT
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): _____

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: M.V.F.D. Fax: E-MAIL
Health Department: D.C.H.D. Fax: E-MAIL
Department of Child Services: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: CHRISTOPHER HOWELL Phone 812-689-5000

* 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.