

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 01/03/12

Address: 304 Apple St.

Case #: 24F33243

Argos, IN 46501

County: Marshall

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): kitchen, SW bedroom
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: Kitchen, SW bedroom
 Water Reactive Metal (Lithium): SW bedroom
 Hydrochloric Acid Gas Generator(s): SW bedroom
 Anhydrous Ammonia: _____
 Corrosive Acid: SW bedroom
 Corrosive Base: SW bedroom
 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: unknown
Additional Information: Argos PD investigation

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

Fire Department: Argos VFD

Fax: 574-892-4758

Health Department: Marshall Co.

Fax: (574) 936-9247

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: John Wilson

Phone 574 546-4900

* 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.