# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 05/03/2012

**Case #:** 42-33985

**County:** DECATUR

**Address:** C.R. 250 W
NORTH OF C.R. 250 SOUTH
GREENSBURG, IN

**Type of Laboratory Seizure** (check one)

- [x] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] Dumpsite (only)

**Seizure Location** (check all that apply)

- [ ] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [x] Open – No Structure
- [ ] Other: _____

**Items Found: Location** (bedroom, kitchen, open air, etc)
(check all that apply)

- [x] Lithium/Ammonia Reaction(s): JAR
- [ ] Red Phosphorous/Iodine Reaction(s): _____
- [x] Flammable Solvents: XYLOL
- [x] Water Reactive Metal (Lithium): REACTION
- [x] Anhydrous Ammonia: REACTION
- [ ] Hydrochloric Acid Gas Generator(s): _____
- [x] Corrosive Acid: LIQUID FIRE
- [ ] Corrosive Base: _____
- [ ] Other (item and location):_____

**Child under age 18 discovered** (check one)

- [ ] Yes _____ (number present)
- [x] No

*If yes, fax report to Child Protective Services

**Investigative Information**

- [ ] Ephedrine/Pseudoephedrine Tracking Log
- [ ] Retail/Merchant Tip
- [x] Other:PROPERTY OWNER

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

Fire Department: G.F.D. Fax: E-MAIL

Health Department: D.C.H.D. Fax: E-MAIL

Child Protection Service: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: HOWARD "CHIP" AYERS Phone 317.234.4591

** 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.