

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 03/28/2012

Address: 0064 N 500 E

Case #: 22F-48790

Hartford City

County: Blackford

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): _____
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): oxidizer

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: Hartford City

Fax: 765-348-0547

Health Department: Blackford County

Fax: e-mailed

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Doug Jackson

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.