# Warrick County Sheriff's Dept. Methamphetamine Laboratory Occurrence Report

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

**Date:** 2-6-13

**Incident #:** 001380

**County:** Warrick

**Address:** 11700 Millersburg Rd
Chandler, IN 47601

**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): car
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☒ Flammable Solvents: car
- ☒ Water Reactive Metal (Lithium): car
- ☒ Hydrochloric Acid Gas Generator(s): car
- ☐ Anhydrous Ammonia: _____
- ☒ Corrosive Acid: bedroom
- ☐ 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: weeks
Additional Information: _____

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

Fire Department: Chandler Fax: _____
Health Department: Warrick Fax: _____
Department of Child Services: _____ Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Det Pierce Phone 897-6180

* 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.