Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2-8-2013

Incident #: 13ISPC001383

County: Noble

Address: 4027 W 275 S
Albion, IN 46701
_____

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

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

Fire Department: Albion FD — Fax: EMAILED
Health Department: Noble Co — Fax: EMAILED
Department of Child Services: _____ — Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: S/Trp. Tim Myers 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.