# ..na State Police Methamphetamine Laboratory Occurrence Report

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

**Date:** 3/21/13

**Incident #:** 13ISPC002869

**County:** Starke

**Address:** 3131 SR 39
North Judson, IN
46366

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

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

Fire Department: Knox — Fax: kpd444@cityofk
Health Department: Starke — Fax: (574) 772-8035
Department of Child Services: _____ — Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Keith Bikowski 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.