ana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 04/06/2013 3389

Incident #: 13ISPC000~~1539~~

County: Cass

Address: 515 W. Linden St.
Logansport, IN
46947

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

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

Fire Department: Logansport — Fax: _____
Health Department: Cass — Fax: e-mailed
Department of Child Services: _____ — Fax: e-mailed

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Trp. Jeremy J. Perez Phone 765-473-6666

* 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.