Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 04/28/2013 **Address:** 24 1/2 N. 5TH ST.

Incident #: 13ISPC004193 NORTH VERNON, IN.

County: JENNINGS

Type of Laboratory Seizure (check one)

- [x] Operational Lab
- [ ] Chemical/Glassware/Equipment (only)
- [ ] Dumpsite (only)

Seizure Location (check all that apply)

- [x] Residence
- [ ] Outbuilding
- [ ] Vehicle
- [ ] Hotel/Motel
- [ ] Open – No Structure
- [ ] Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)
(check all that apply)

- [ ] One Pot or Birch Reaction(s): _____
- [ ] Red Phosphorous/Iodine Reaction(s): _____
- [x] Hydrochloric Acid Gas Generator(s): IN TRASH CAN IN KITCHEN
- [ ] Flammable Solvents: _____
- [ ] Water Reactive Metal (Lithium): _____
- [ ] Anhydrous Ammonia: _____
- [ ] Corrosive Acid: _____
- [ ] Corrosive Base: _____
- [ ] Other (item and location):_____

Vehicle Information:

Owner:
VIN:
Year:

Make:
Model:

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* or emailed to the following agencies that serve the location:

Fire Department City, Township or County NORTH VERNON FIRE Fax: 812-346-6749
Health Department County: JENNINGS CO. Fax: 812-352-3030
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: TROOPER MARTIN A. MEAD Phone 812-689-5000

*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.