iana State Police Clandestine Laboratory Occurrence Report

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

06/13/2013 **Address:** 129 N Maple St.

ent #: 13ISPC005855 Galveston, IN 46932

unty: Cass

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)

- ☐ One Pot or Birch Reaction(s): _____
- ☐ Red Phosphorous/Iodine Reaction(s): _____
- ☐ Hydrochloric Acid Gas Generator(s): _____
- ☐ Flammable Solvents: _____
- ☐ Water Reactive Metal (Lithium): _____
- ☒ Anhydrous Ammonia: Open Air /Yard of Waste Water Treatment Plant.
- ☐ 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 Galveston Fire. Fax: E-mailed
Health Department County: Cass County Fax: E-mailed
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: Wendell Beachy 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.