

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 07/12/2013

Address: 4903 N 750 W

Incident #: 13ISPC006790

Rochester, IN 46975

County: FULTON

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): IN RV Camper Next to detached garage
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): _____
 Flammable Solvents: IN RV Camper Next to detached garage
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: IN RV Camper Next to detached garage
 Other (item and location): _____

Vehicle Information:

Owner: Randy Overmyer
VIN: TCU3364504704
Year: U/K

Make: Camper
Model:

Child under age 18 discovered (check appropriate)

- Yes 1 (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 emailed

Fax: _____

Health Department County: emailed

Fax: _____

Department of Child Services Hotline: dshotlinereports@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.