

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 07/12/2013

Decatur

Incident #: 13ISPC006821

46733`

County: Adams

Address: Lakeside Dr Lot 11

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:
Camper

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): outside
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: _____
 Water Reactive Metal (Lithium): _____
 Hydrochloric Acid Gas Generator(s): outside
 Anhydrous Ammonia: _____
 Corrosive Acid: camper
 Corrosive Base: camper
 Other (item and location): ammonium nitrate, camper

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: Decatur FD

Fax: 260-724-8908

Health Department: Adams County

Fax: 260-724-5328

Department of Child Services: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact