

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 9-4-2013
Incident #: 13ispc008839
County: Martin

Address: 1201 Sherfick Road Shoals Indiana
SHoals IN

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: _____
 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 Martin Fax: 812 247 2323
Health Department County: Martin Fax: 812 723 2009
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: Paul Andry Phone 812 459 2239

*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.