

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 10/28/2013 **Address:** 6747 S. CNTY RD 500E
Incident #: 13ISPC010795 **CARLISLE, IN**
County: SULLIVAN 47838

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
 Dumpsite (only)

Seizure Location (check all that apply)

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

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

(check all that apply)

- One Pot or Birch Reaction(s): BARN
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): _____
 Flammable Solvents: LIVING ROOM
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: BARN
 Corrosive Acid: _____
 Corrosive Base: OUTSIDE
 Other (item and location): COFFEE FILTERS, BATTERIES, SCALES, PIPES

Vehicle Information:

Owner: _____ Make: _____
VIN: _____ Model: _____
Year: _____

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 CARLISLE Fax: 765-569-3232
Health Department County: SULLIVAN COUNTY Fax: 765-569-4061
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: W. Patterson Phone 765-653-4114

*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.