

# Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 11-21-2013

Address: SR 1 and Re Jones

Incident #: 13ISPC011515

Butler, In

County: Dekalb

**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)

- Lithium/Ammonia Reaction(s): passenger compartment  
 Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
 Flammable Solvents: passenger compartment  
 Water Reactive Metal (Lithium): \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): passenger compartment  
 Anhydrous Ammonia: \_\_\_\_\_  
 Corrosive Acid: passenger compartment  
 Corrosive Base: passenger compartment  
 Other (item and location): oxidizer- passenger compa

**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: Butler FD Fax: e-mailed  
Health Department: Dekalb County Fax: e-mailed  
Department of Child Services: \_\_\_\_\_ Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Doug Jackson Phone 260-432-8661

\* 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.