

# Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 12/17/13

Address: 800 block of West Powers

Incident #: 13ISPC012233

Muncie, IN

County: Delaware

**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): Open  
 Flammable Solvents: \_\_\_\_\_  
 Water Reactive Metal (Lithium): \_\_\_\_\_  
 Anhydrous Ammonia: \_\_\_\_\_  
 Corrosive Acid: Open  
 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 Muncie  
Health Department County: Delaware  
Department of Child Services Hotline: [dcsshotlinereports@dcs.in.gov](mailto:dcsshotlinereports@dcs.in.gov)

Fax: Email  
Fax: Email  
Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: S/Trp. Kyle K. West, 7212 Phone 765-778-2121

\*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.