

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 2/27/2013

Address: 705 E. Walnut St.

Incident #: 13-10140

Boonville, In 47601

County: Warrick

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): Garage
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: Bedroom/Garage
 Water Reactive Metal (Lithium): Garage
 Hydrochloric Acid Gas Generator(s): Garage
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): _____

Child under age 18 discovered (check appropriate)

- Yes 2 (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: 2 months
Additional Information: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: Boonville Fire Dept. Fax: _____
Health Department: Warrick County Health Fax: _____
Dept. Fax: _____
Department of Child Services: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Bryan McKain Phone 812-897-6550

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

- * 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.

HAZARD ASSESSMENT AND RECOGNITION PLAN (page 1)

Clan Lab # _____

One Pot Birch Red P Unkn/Various Chems

IMIS # _____

A. FILE INFORMATION

Case # 13-10140	Date & Time Notified 2/27/2013/10:01pm	Date & Time Arrived 2/27/2013/10:01pm	Date & Time Departed 2/28/2013/2:15am
Site Safety Officer Bryan McKain	County of Occurrence Warrick	Agency Boonville	Investigator Jared Whitney
Chemist	Agency Case # 13-10140	Agency Type (check one) <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State	

B. LABORATORY TYPE AND HAZARD

<u>LABORATORY CATEGORY</u>	<u>DAY</u>	<u>POTENTIAL CHEMICAL HAZARDS</u>	<u>OTHER POTENTIAL HAZARDS</u>
I. Operational w/Suspect(s)	<input type="checkbox"/> Mon.	Respiratory Toxicity <input checked="" type="checkbox"/>	Comp. Gas Cylinder <input type="checkbox"/>
II. Operational w/o Suspect(s)	<input type="checkbox"/> Tue.	Systematic Toxicity <input type="checkbox"/>	Heat Stress <input type="checkbox"/>
III. Chemicals w/ Suspect(s)	<input checked="" type="checkbox"/> Wed.	External Toxicity <input checked="" type="checkbox"/>	Cold Stress <input type="checkbox"/>
IV. Chemicals w/o Suspect(s)	<input type="checkbox"/> Thu.	Carcinogens <input type="checkbox"/>	Confined Space <input type="checkbox"/>
V. Refuse w/ Suspect(s)	<input type="checkbox"/> Fri.	Corrosives <input checked="" type="checkbox"/>	Limited Egress <input type="checkbox"/>
VI. Refuse w/o Suspect(s)	<input type="checkbox"/> Sat.	Flammables. <input checked="" type="checkbox"/>	Poor Visibility <input type="checkbox"/>
	<input type="checkbox"/> Sun.	Explosives <input type="checkbox"/>	Slip/Trip/Fall Hazard <input type="checkbox"/>
		Oxidizers <input type="checkbox"/>	Electrical Shock <input type="checkbox"/>
		Pyrophorics <input type="checkbox"/>	Burn Hazard <input type="checkbox"/>
		Water Reactives <input checked="" type="checkbox"/>	Leaking Containers <input type="checkbox"/>
		Specific High Hazard Chemical <input type="checkbox"/>	Damaged Structure <input type="checkbox"/>
			Excavation <input type="checkbox"/>

TIME CATEGORY

- I. (12-8AM)
- II. (8AM-4PM)
- III. (4PM-12AM)

C. SITE DESCRIPTION

Estimated Lab Size: (Check One) <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Temperature <u>30°</u> Precipitation <u>Snow</u> Other Conditions: _____
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D. FIELD SUPPORT

FIELD SUPPORT	NAME	TX NUMBER	ON SITE	OFFICIAL CONTACT	NOTIFIED (DATE AND TIME)
Fire Dept.	Boonville Fire Dep	812-897-0947	<input type="checkbox"/>		
Ambulance			<input type="checkbox"/>		
Health Dept.	Warrick Health Dep	812-897-6105	<input type="checkbox"/>		
Hospital			<input type="checkbox"/>		
Disposal Company			<input type="checkbox"/>		

E. TEAM MEMBERS

AH Call=After Hours Call (Y/N) / Hrs Exp = Total Hours Expended / SB=Safety Briefing / A=Assessment / P=Processing / DB=Debriefing							
Team Member & PE#	AH Call	Hrs Exp	SB	E	A	P	DB
1. Bryan McKain	Y		<input type="checkbox"/>				
2. Jared Whitney	Y		<input type="checkbox"/>				
3. Timothy Pierce	Y		<input type="checkbox"/>				
4. Doug Humphrey	Y		<input type="checkbox"/>				
5. Brandon Dieg	Y		<input type="checkbox"/>				
6.			<input type="checkbox"/>				

HAZARD ASSESSMENT AND RECOGNITION PLAN (page 2)

Equipment Available	Assessment	PPE Level: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> SCBA <input checked="" type="checkbox"/> APR <input checked="" type="checkbox"/> Cartridges (MSA/Scott) <input type="checkbox"/> Tychem <input checked="" type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Shower/Eyewash <input checked="" type="checkbox"/> First Aid Kit <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> MSA Solaris <input checked="" type="checkbox"/> Drager Pump <input checked="" type="checkbox"/> Ammonia Paper <input checked="" type="checkbox"/> pH Paper <input checked="" type="checkbox"/> Water Finding Paper <input type="checkbox"/> Sampling Equipment <input checked="" type="checkbox"/> Plastic Bags <input type="checkbox"/> Drop Cloth <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Duct Tape <input type="checkbox"/> References <input type="checkbox"/> Generator <input type="checkbox"/> Extension Cord <input type="checkbox"/> One Pot Canister <input type="checkbox"/> Nomex Blanket <input type="checkbox"/> Safety Lighting <input type="checkbox"/> Cameras/DVD Recorder <input type="checkbox"/> Phosphine Meters	PPE Used: <input type="checkbox"/> SCBA <input checked="" type="checkbox"/> APR w/ cartridge <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Saranex <input type="checkbox"/> Nomex <input checked="" type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Boot Covers	
	Justification for PPE used: 	
Processing	PPE Level: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
	PPE Used: <input type="checkbox"/> SCBA <input checked="" type="checkbox"/> APR w/ cartridge <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Saranex <input type="checkbox"/> Nomex <input checked="" type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Boot Covers	
	Justification for PPE used: 	

Dräger – Air Monitoring

Tube Used	Tube Used	n=	Where Used	Reading (ppm or sat'd w/# pumps)
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				
<input type="checkbox"/> HCl <input type="checkbox"/> NH ₃ <input type="checkbox"/> Phosphine				

MSA Solaris – Air Monitoring

Location	% O ₂	LEL	CO

Site Safety Officer (Signature and Date) Bryan McKain 2/28/2013	Case Agent (Signature and Date) Jared Whitney 2/28/2013
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National Clandestine Laboratory Seizure Report

Type of Report
DUMPSITE

I Reporting Office

Seizure Date	Date of Report	Agency or ORI	City	State	Case or File Number
2/27/2013	1/1/1900	BOONVILLE POLICE DEPARTMENT	BOONVILLE	IN	13-10140
Case or File Title		Reporting Officer/Agent	Telephone Number	COPS Number	Incident ID
MANUFACTURING METH		MCKAIN BRYAN	8128976550		5244

II Laboratory Structure

FAMILY DWELLING

III Laboratory Neighborhood

URBAN

IV Estimated Lab Capacity

2 - 8 Oz Estimated Value of Equipment: 0.0000

V Laboratory Status

<input checked="" type="checkbox"/> Abandoned	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Explosion	<input type="checkbox"/> Operational - Not in Production
<input type="checkbox"/> Boxed/Stored	<input type="checkbox"/> Disassembled	<input type="checkbox"/> Fire	<input type="checkbox"/> Operational - In Production

VI Laboratory Manufacturing Process

SHAKE & BAKE

VII Laboratory Equipment

<input checked="" type="checkbox"/> Honemade/Improvised	<input type="checkbox"/> Professional/Retail	Store Name:	State:
		City:	

VIII Laboratory Type

<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Ext.	<input type="checkbox"/> LSD	<input checked="" type="checkbox"/> Methamphetamine	<input type="checkbox"/> PCP
<input type="checkbox"/> Cocaine	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone	

IX Laboratory Address

705 E Walnut Street BOONVILLE, IN 47601	County WARRICK	Latitude 00° 00' 00"	Longitude 00° 00' 00"
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X Chemist and Clean-Up Personnel

Chemist on Site	Hazmat Contractor Utilized	Name of Hazmat Contractor
<input type="checkbox"/> State/Local <input type="checkbox"/> DEA	<input type="checkbox"/> Yes	

XI Persons Affected

Total Children Affected	3	Children Injured	0	Total Suspects Involved	3	Civilians Exposed to Toxic Chemicals	0
Children Residing	3	Children Killed	0	Suspects Exposed to Toxic Chemicals	3	Civilians at or Near Lab (Include items a & b below)	0
Children Exposed to Toxic Chemicals	3	Law Enforcement Injured	0	Suspects Present (including items a & b below)	3		

National Clandestine Laboratory Seizure Report

Type of Report
DUMPSITE

Children Protective Custody	0	Law Enforcement Killed	0	a. Suspects Injured	0	a. Civilians Injured	0
Children Present (including a & b in next column)	2	Law Enforcement Exposed to Toxic Chemicals	5	b. Suspects Killed	0	b. Civilians Killed	0

XII Weapons/Explosives Seized

Type	Model	Make	Caliber	Serial Number
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<input type="checkbox"/> Explosives	<input type="checkbox"/> Blasting Caps	<input type="checkbox"/> Dynamite	<input type="checkbox"/> Grenade
<input type="checkbox"/> Land Mine	<input type="checkbox"/> Pipe Bomb	<input type="checkbox"/> Plastic Explosive	<input type="checkbox"/> Other

Booby Traps Desc:

<input type="checkbox"/> Chemical	<input type="checkbox"/> Explosive	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Guard Dog		

XIII-XVII Finished/Unfinished Drugs/Presursor Chemicals Seized at Lab Site

Drug/Chemical Name	UOM	Amount	Finished	Empties	Lot Number	Brand Name	Source
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ALUMINUM FOIL	25	1	No	No			
	FT						
	RO						
	LL						
	(S)						

Store: City: State: IN Country: USA

Location:

AMMONIUM NITRATE (INSTANT COLD PACK)	EA	0	No	2		Dollar General Store	
	CH						

Store: City: State: IN Country: USA

Location: Trash

COFFEE FILTERS	EA	1	No	No			
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Store: City: State: IN Country: USA

Location:

HCL GENERATORS	EA	6	No	No			
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Store: City: State: IN Country: USA

Location:

HYDROCHLORIC ACID (MURIATIC)	OZ	6	No	No			
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**National Clandestine
Laboratory Seizure Report**

Type of Report
DUMPSITE

Store: City: State: IN Country: USA

Location:

LITHIUM BATTERY EA 1 No
CASINGS, STRIPPINGS CH

Store: City: State: IN Country: USA

Location:

LITHIUM BATTERIES EA 1 No

Store: City: State: IN Country: USA

Location:

METH MANUFACTURING EA 2 No
PARAPHERNALIA

Store: City: State: IN Country: USA

Location:

NAPHTHA OZ 2 No

Store: City: State: IN Country: USA

Location:

ONE POT BOTTLE EA 4 No

Store: City: State: IN Country: USA

Location: Garage

PSEUDOEPHEDRINE EA 0 No
(BLISTER PACKS)

Store: City: State: IN Country: USA

Location:

SULFURIC ACID OZ 0.001 No

Store: City: State: IN Country: USA

Location:

TUBING FT 1 No

Store: City: State: IN Country: USA

Location: Bedroom

ZIP TOP PLASTIC BAG EA 0 No
CH

**National Clandestine
Laboratory Seizure Report**

Type of Report
DUMPSITE

Store:

City:

State: IN Country: USA

Location:

XVI Criminal Affiliation

Affiliation Type

Organization/Gang Name:

XVII Suspects/Criminal Business/Criminal Vehicle Information

Last Name	First Name	Alias/Maternal	Middle	Generation			
MCKINNEY	TAMMY		J				
Sex	Race	Nationality	DOB	Height(in)	Weight(lbs)	Hair Color	Eye Color
F	WHITE		11/23/1976	0			
Arrested	Foreign Phone	Phone Type	Phone Number				
False	No						

Residential Information

Street #	Direction	Street Name	Unit #	PO Box #			
705	E	Walnut Street					
City	County	State	Country	Zip Code			
BOONVILLE	WARRICK	IN		47601			

Involvement (Role) and Identification Numbers

Role Type	SSN	Driver's Lic. Number	FBI Number				
		0150058199					
	NADDIS Number	Alien Reg. Number	Other Number				

Alias

First Name	Last Name
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Last Name	First Name	Alias/Maternal	Middle	Generation			
SCHOETTLIN	David						
Sex	Race	Nationality	DOB	Height(in)	Weight(lbs)	Hair Color	Eye Color
M	WHITE		3/14/1974	0			
Arrested	Foreign Phone	Phone Type	Phone Number				
False	No						

Residential Information

**National Clandestine
Laboratory Seizure Report**

Type of Report
DUMPSITE

Street #	Direction	Street Name	Unit #	PO Box #	
705	E	Walnut Street			
City		County	State	Country	Zip Code
			IN		47601

Involvement (Role) and Identification Numbers

Role Type	SSN	Driver's Lic. Number	FBI Number
	NADDIS Number	Alien Reg. Number	Other Number

Alias

First Name	Last Name
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Last Name	First Name	Alias/Maternal	Middle	Generation			
BARBER	William						
Sex	Race	Nationality	DOB	Height(in)	Weight(lbs)	Hair Color	Eye Color
M	WHITE		1/8/1993	0			
Arrested	Foreign Phone	Phone Type	Phone Number				
False	No						

Residential Information

Street #	Direction	Street Name	Unit #	PO Box #	
705	E	Walnut			
City		County	State	Country	Zip Code
			IN		47601

Involvement (Role) and Identification Numbers

Role Type	SSN	Driver's Lic. Number	FBI Number
	NADDIS Number	Alien Reg. Number	Other Number

Alias

First Name	Last Name
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Criminal Business Information

**National Clandestine
Laboratory Seizure Report**

Type of Report
DUMPSITE

Vehicle Information

Remarks

Terrorist Activity