

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 **Address:** 5513 W CR 425 N
Incident #: 13ISPC008857 **VERSAILLES, IN**
County: RIPLEY **47042**

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

Vehicle Information:

Owner: Giana Getz Make: HYUNDIA
VIN: KMHWF25H52A626705 Model: SOL
Year: 2002

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: week
Additional Information: _____

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

Fire Department City, Township or County OSGOOD VFD Fax: _____
Health Department County: RIPLEY Fax: _____
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: BRIAN EARLS Phone 812 689 500

*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.