

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 02/19/2014

Address: FRANKLIN CO HGHWY DEPT

Incident #: 14/1335

HARVEY BRANCH RD

County: FRANKLIN

OLDENBURG, IN 47036

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): BOXED
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): BOXED
 Flammable Solvents: _____
 Water Reactive Metal (Lithium): BOXED
 Anhydrous Ammonia: _____
 Corrosive Acid: _____
 Corrosive Base: BOXED
 Other (item and location): FILTERS-BOXED(FOUND BY EMPLOYEES/BROUGHT TO 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 O-R.T.V.F.D. Fax: EMAIL
Health Department County: F.C.H.D. Fax: EMAIL
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: Howard "Chip" Ayers Phone 317.234.4591

*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.