

# Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 2-25-14

Address: 21000 BLOCK

Incident #: 14ISPC001542

DAISY HILL RD.

County: CLARK

BORDEN, IN

## 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): OPEN AIR  
 Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
 Flammable Solvents: OPEN AIR  
 Water Reactive Metal (Lithium): OPEN AIR  
 Anhydrous Ammonia: \_\_\_\_\_  
 Corrosive Acid: \_\_\_\_\_  
 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 BORDEN/WOOD TWP Fax: 812: 283.4471  
Health Department County: CLARK Fax: 812-288.6609  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: KATRINA SMITH Phone 812-246-5424

\*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.