

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 03/12/2014 **Address:** 10839 S C.R. 60 SW
Incident #: 14ISPC002035 **WESTPORT, IN**
County: DECATUR 47283

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): TRUCK
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): _____
 Flammable Solvents: TRUCK
 Water Reactive Metal (Lithium): TRUCK
 Anhydrous Ammonia: TRUCK
 Corrosive Acid: TRUCK
 Corrosive Base: _____
 Other (item and location): GLASSWARE, PRODUCT, EQUIPMENT-TRUCK

Vehicle Information:

Owner: BRANDON DANFORTH Make: CHEVROLET
VIN: 1GCEC14R8VZ196882 Model: C1500
Year: 1997

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: 6 MONTHES
Additional Information: _____

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

Fire Department City, Township or County W.V.F.D. Fax: EMAIL
Health Department County: D.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: H.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.