

# Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 3-26-14

Address: MERIDIAN AT SHERMAN

Incident #: 14ISPC002512

REDKEY, IN

County: JAY

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

## Vehicle Information:

Owner: APRIL SARGENT  
VIN: 1FAFP55U3YA249323  
Year: 2000

Make: FORD  
Model: TAURUS

## 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 REDKEY VFD Fax: (765) 369-8185  
Health Department County: JAY Fax: F(260) 726-2220  
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: MIKE SWALLOW Phone (260)432-8661

\*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.