Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 03/28/2014 **Address:** 9th St. & Hoyt Ave

Incident #: 14ISPC002584

County: Delaware Muncie, IN 47302

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): Open Air
- ☐ Flammable Solvents: _____
- ☐ Water Reactive Metal (Lithium): _____
- ☐ 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 Muncie Fire Dept. Fax: _____
Health Department County: Delaware County Health 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: Eric P. Perkins Phone 765-778-2121

*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.