

# Indiana State Police Clandestine Laboratory Occurrence Report

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

**Date:** 07/17/2014 **Street:** 3000 BLOCK OF CR 120 EAST  
**Incident #:** 14ISPC005920 **Apt, Lot, Room #:**  
**County:** DECATUR **City:** GREENSBURG, IN 47240

## Type of Laboratory Seizure (check one)

- Lab Seizure  
 Chemical Seizure  
 Equipment Seizure  
 Dumpsite Seizure

## Seizure Location (check all that apply)

- Residence  Hotel/Motel  
 Outbuilding  Open – No Structure  
 Vehicle  Business  
 Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC:  Yes  No  Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- One Pot or Birch Reaction(s): CORNFIELD  Anhydrous Ammonia: \_\_\_\_\_  
 Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  Corrosive Acid: \_\_\_\_\_  
 Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  Corrosive Base: \_\_\_\_\_  
 Flammable Solvents: \_\_\_\_\_  Ammonium Nitrate/Sulfate: \_\_\_\_\_  
 Water Reactive Metal (Lithium): \_\_\_\_\_  Other (item and location): FILTERS/CORNFIELD

## 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: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: \_\_\_\_\_ Make: \_\_\_\_\_  
VIN: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_

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

Fire Department: GFD Fax: EMAIL  
Health Department County: DCHD Fax: EMAIL  
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: Howard 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.