

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 01/06/2015 **Street:** 501 N Grant Street
Incident #: 15ISPC000143 **Apt, Lot, Room #:** A
County: Johnson **City:** Edinburgh

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
☐ Storage Unit ☐ Other: _____

Type of Lab

- ☒ Methamphetamine ☐ DMT ☐ Ecstasy ☐ Methcathinone ☐ GHB ☐ LSD ☐ PCP
☐ Amphetamine ☐ Other _____

Was evidence obtained during the course of the investigation that would lead a reasonable person to have cause to believe that the manufacturing of a controlled substance (noted above) took place inside the structure? ☒ Yes ☐ No ☐ Unknown ☐ N/A

Shared HVAC in apartment, hotel, multi-family dwelling? ☐ Yes ☐ No ☐ Unknown

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

- ☐ One Pot or Birch Reaction(s): _____ ☐ Anhydrous Ammonia: _____
☐ Red Phosphorous/Iodine Reaction(s): _____ ☐ Corrosive Acid: _____
☐ Hydrochloric Acid Gas Generator(s): _____ ☒ Corrosive Base: Living Area
☐ Flammable Solvents: _____ ☐ Ammonium Nitrate/Sulfate: _____
☐ Water Reactive Metal (Lithium): _____ ☒ Other (item and location): _____

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: Edinburgh Fax #: _____ ☒ Emailed
Health Department County: Johnson Fax #: _____ ☒ Emailed
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this lab, contact: Investigating Officer: Nate Raney Phone: 317-234-4591

*This form is to be emailed to the MSS office (clanlabcases@isp.in.gov) prior to going off duty the shift the lab was processed.