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|  | | | | | **NATIONAL CLANDESTINE**  **LABORATORY SEIZURE REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF REPORT\* OMB NO. 1117-0042 | | | | | | | | | | |
| Lab Seizure  Chem/Glassware/Equip Seizure (Only)  Dumpsite Seizure (Only) | | | | | | | | | | |
| **I** | **Reporting Office (An asterisk symbol (\*) indicates a mandatory field)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seizure Date \* (MMDDYYYY)  Enter Here | | | | | | | | | | Agency \*  Enter Here | | | | | | | | | | | | | | | ORI \*  Enter Here | | | | | | | Agency City \*  Enter Here | | | | | | | | | | |
| Agency State \*  Enere | | | Case or File Number \*  Enter Here | | | | | | | | | | | | | | | File Title  Enter Here | | | | | | | | | | | | | | Authorized Central Storage (ACS) Cleanup  If yes, site ID: Enter Here | | | | | | | | | | |
| Reporting Officer/Agent Name \* (Last, First)  Enter Here | | | | | | | | | | | | | | | | | | | | | | | | | | Telephone Number \*  ( E ) Enter Here | | | | | | | | | | | COPS Number (DEA ‘S’ Number)  Enter Here | | | | | |
| **II** | **Seizure Location\* (Check one – put additional information in Remarks Section)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apartment/Condo | | | | | | Family Dwelling | | | | | | | | | | | | Outbuilding | | | | | | | | | | Vehicle | | | | | | | | | | Other – Describe  Enter Here | | | | |
| Business | | | | | | Hotel/Motel | | | | | | | | | | | | School/Univ. | | | | | | | | | | Vessel | | | | | | | | | |
| Dumpster | | | | | | Open – No Structure | | | | | | | | | | | | Storage Facility | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **III** | **Seizure Neighborhood (Check most appropriate)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial/Industrial | | | | | | Public Land – Name | | | | | | | | | | | | Rural | | | | | | | | | | Suburban | | | | | | | | | | Urban | | | | |
| Other – Describe Enter Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV** | **Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 2 oz. | | | | 2 – 8 oz. | | | | | | | | | | | | | 9 oz. – 1 lb. | | | | | | 2 – 9 lbs | | | | | | | | | 10 – 19 lbs. | | | | | | | | 20 lbs. or Greater | | |
| **V** | **Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational – **Not** in Production | | | | | | | | | | | | | Abandoned | | | | | | | | | | Explosion/Fire | | | | | | | | | | | | Other – Describe:  Enter Here | | | | | | | |
| Operational – In Production | | | | | | | | | | | | | Boxed/Dismantled | | | | | | | | | |  | | | | | | | | | | | |
| **VI** | **Laboratory Type (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cocaine Conversion (Crack) | | | | | | | | | Honey Oil/THC Extraction (liq) | | | | | | | | | | | Methamphetamine (Meth) | | | | | | | | | Methcathinone | | | | | | | | | | Other – Describe  Enter Here | | | |
| Fentanyl | | | | | | | | | LSD | | | | | | | | | | | Meth/Ice Conversion | | | | | | | | | PCP | | | | | | | | | |
| GHB/GBL | | | | | | | | | MDMA | | | | | | | | | | | Meth/Reconstitution | | | | | | | | | PSE Tablet Extraction | | | | | | | | | |
| **VII** | **Primary Methamphetamine Manufacturing Process (Required for Lab Seizure Report)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pseudoephedrine/Phosphorus/Hydriodic Acid/Iodine Reduction | | | | | | | | | | | | | | | | | P2P – Methylamine | | | | | | | | | | | | | | | | Other – Describe  Enter Here | | | | | | | | | |
| Pseudoephedrine/Lithium, Sodium or Potassium/Anhydrous Ammonia (Nazi/Birch) | | | | | | | | | | | | | | | | | One Pot Method/Shake & Bake | | | | | | | | | | | | | | | |
| **VIII** | **THC Manufacturing Process** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THC Extraction Chemical/Wet Method | | | | | | | | | | | | | | | | | THC Extraction Dry Method | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **IX** | **Seizure/Laboratory Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street#  Er H | | Dir. (N., S., E., W., etc.)  Enr Here | | | | | | | | | | | | | | Street Name  Enterre | | | | | | | | | | | Suffix (St., Ave., etc.)  Enter e | | | | | | | Unit # (Apt)  Entee | | | | | | | Box #  Entere | |
| City  Enterre | | | | | | | | | | | County\*  Enterre | | | | | | | | State\*  Entre | | | | | | | | Zip Code  Enterre | | | | | | Latitude/Longitude  Enter | | | | | | | | | |
| **X** | **Chemist and Cleanup Personnel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemist on Site:  NoneState/Local DEA | | | | | | | | | | | | | | Hazmat Contractor Used:  Yes  No | | | | | | | Name of Hazmat Contractor:  Enter Here | | | | | | | | | | Evaluation of Hazmat Contractor:  Excellent  Satisfactory  Poor \***\***  **\*\*(Provide details in Remarks Section)** | | | | | | | | | | | |
| **XI** | **Persons Affected (Children are mandatory – indicate 0 when none were affected) (Check all that apply and indicate number)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Children Affected | | | | | | | | # | | | | Child Injured | | | | | | | | | | # | | Child Killed | | | | | | | | | # | | | Law Enforcement Injured | | | | | | # |
| Law Enforcement Killed | | | | | | | | # | | | | Subject Injured | | | | | | | | | | # | | Subject Killed | | | | | | | | | # | | |  | | | | | |  |
| Remarks (Describe How People were Injured or Killed):  Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **XII** | **Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type (Handgun, Rifle, etc.) | | | | | | | Number | | | | | | | | Serial No. | | | | | | Description (Make, Model, & Caliber) | | | | | | | | | | | | | | | | | | | | | |
| Enter Here | | | | | | | # | | | | | | | | Enter Here | | | | | | Enter Here | | | | | | | | | | | | | | | | | | | | | |
| Enter Here | | | | | | | # | | | | | | | | Enter Here | | | | | | Enter Here | | | | | | | | | | | | | | | | | | | | | |
| Booby Trap – Describe: Describe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **XIII** | **Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amphetamine | | | | amt | | | | unit | | | LSD | | | | | | amt | | unit | Methamphetamine | | | | | | | | | | amt | unit |
| Cocaine | | | | amt | | | | unit | | | Marijuana | | | | | | amt | | unit | Methcathinone | | | | | | | | | | amt | unit |
| Fentanyl | | | | amt | | | | unit | | | MDMA | | | | | | amt | | unit | PCP | | | | | | | | | | amt | unit |
| GHB/GBL | | | | amt | | | | unit | | |  | | | | | |  | |  |  | | | | | | | | | |  |  |
| **XIV** | **Subject Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name (Paternal)  Enter Here | | | | | Last Name (Maternal)  Enter Here | | | | | | | | | | First Name  Enter Here | | | | | | | | | | | Middle Name  Enter Here | | | | | |
| Alias/Moniker  Enter Here | | | | | | | | | | Generation (Jr., Sr., etc.)  Eer Here | | | Male  Female | | | | | | | | | | Race  C | | | | | Nationality (US, MX, etc.)  Enter Here | | | |
| DOB (MMDDYYYY)  Enter Here | | | Alt DOB (MMDDYYYY)  Enter Here | | | | | | | Height  Enter Here | | Weight (lbs)  Enter Here | | | | | | Hair Color  Enter Here | | | Eye Color  Color | | | | | | Arrested  Yes  No | | | | |
| Phone Type:  Home  Cell/Mobile  Pager Phone Number: ( e ) Enter Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject Residence Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Number  # | | Dir. (N., S., E., W., etc.)  Enter Here | | | | | | | Street Name  Enter Here | | | | | | | | | | | | | | | Unit # (Apt)  Enter Here | | | | | Box #  Enter Here | | |
| City  Enter Here | | | | | | | County  Enter Here | | | | | | | | | State  Enter Here | | | | | | Country  Enter Here | | | | | | | Zip Code  Enter Here | | |
| Social Security Number  Enter Here | | | | | | | | | | | | | | | | Driver License Number/State  Enter Here | | | | | | | | | | | | | | | |
| FBI Number  Enter Here | | | | | | | | | | | | | | | | Alien Registration Number  Enter Here | | | | | | | | | | | | | | | |
| NADDIS Number  Enter Here | | | | | | | | | | | | | | | | Other Numbers  Enter Here | | | | | | | | | | | | | | | |
| **XV** | **Remarks Section** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Technical Assistance: 915-760-2135** | | | | | | **Internet:** [**https://www.epic.gov**](https://www.epic.gov) | | | | | | | | **E-mail Address:** [**CLS@epic.gov**](mailto:CLS@epic.gov) | | | | | | | | | | | **Mailing Address:**  **El Paso Intelligence Center**  **ATTN: CLS**  **11339 SSG Sims Street**  **El Paso, Texas 79918-8098** | | | | | | |
| **USE ADDITIONAL PAGES AS NECESSARY – LOCAL REPRODUCTION AUTHORIZED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |