


OBNDCC 1-800-522-8031 O.S. 63-2-331		OKLAHOMA CLANDESTINE LAB TRACKER REPORT Entered data must meet 28 CFR Part 23 guidelines.					TYPE OF REPORT*			
							<input type="checkbox"/> Lab Seizure <input type="checkbox"/> Chem/Glassware/Equip Seizure (Only) <input type="checkbox"/> Dumpsite Seizure (Only)			
I Reporting Office (An asterisk symbol (*) indicates a mandatory field)										
Seizure Date* (MMDDYYYY)		Agency*			ORI*		Agency City*			
Agency State*	Case or File Number*			File Title						
Reporting Officer/Agent Name* (First, Last)					Telephone Number* ()		COPS Number (DEA 'S' Number)			
II Seizure Location* (Check one – put additional information in Remarks Section)										
<input type="checkbox"/> Apartment/Condo		<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Family Dwelling		<input type="checkbox"/> Storage Locker		<input type="checkbox"/> Business		
<input type="checkbox"/> Outbuilding		<input type="checkbox"/> Vehicle		<input type="checkbox"/> Dumpster		<input type="checkbox"/> Open – No Structure		<input type="checkbox"/> Other – Describe:		
III Seizure Neighborhood (Check most appropriate)										
<input type="checkbox"/> Commercial/Industrial				<input type="checkbox"/> Rural			<input type="checkbox"/> Suburban		<input type="checkbox"/> Urban	
Public Land – Name:				Other – Describe:						
IV Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)										
<input type="checkbox"/> Under 2 Oz.		<input type="checkbox"/> 2 – 8 Oz.		<input type="checkbox"/> 9 Oz. – 1 Lb.		<input type="checkbox"/> 2 – 9 Lbs.		<input type="checkbox"/> 10 – 19 Lbs.		<input type="checkbox"/> 20 Lbs. or Greater
V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)										
<input type="checkbox"/> Operational – Not in Production			<input type="checkbox"/> Abandoned			<input type="checkbox"/> Explosion/Fire				
<input type="checkbox"/> Operational – In Production			<input type="checkbox"/> Boxed/Dismantled			<input type="checkbox"/> Other – Describe:				
VI Lab Manufacturing Process (Check ONLY one)										
<input type="checkbox"/> Ephedrine/Red "P"/Hydriodic Acid Reduction and/or Iodine Reduction			<input type="checkbox"/> Ephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)			<input type="checkbox"/> Ephedrine Tablet Extraction				
<input type="checkbox"/> Pseudoephedrine/Red "P"/Hydriodic Acid and/or Iodine Reduction			<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)			<input type="checkbox"/> Pseudoephedrine Tablet Extraction				
<input type="checkbox"/> P2P/Methylamine			<input type="checkbox"/> Hydriodic Acid Manufacturing			<input type="checkbox"/> Other – Describe:				
<input type="checkbox"/> Hydrogenation			<input type="checkbox"/> Anhydrous Ammonia Manufacturing							
VII Laboratory Equipment (Continue in Remarks)										
<input type="checkbox"/> Homemade/Improvised			<input type="checkbox"/> Professional/Retail			Store Name: City:				
VIII Laboratory Type (Check all that apply)										
<input type="checkbox"/> Amphetamine		<input type="checkbox"/> Tablet Extraction			<input type="checkbox"/> Anhydrous Ammonia		<input type="checkbox"/> Methamphetamine		<input type="checkbox"/> PCP	
<input type="checkbox"/> Hydriodic Acid		<input type="checkbox"/> GHB			<input type="checkbox"/> MDMA		<input type="checkbox"/> Methcathinone			
<input type="checkbox"/> Other – Describe:										
IX Seizure/Laboratory Address										
Street #		Dir (E,S, etc.)	Street Name			Suffix (St. Ave., etc.)		Unit # (Apt)	Box #	
City			County*		State*	Zip Code		Latitude/Longitude		
X Chemist and Cleanup Personnel*										
Chemist on Site			Hazmat Contractor Utilized		Name of Hazmat Contractor		Evaluation of Hazmat Contractor			
<input type="checkbox"/> None	<input type="checkbox"/> State/Local	<input type="checkbox"/> DEA	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> 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 (#)		Suspect Injured (#)		Suspect Killed (#)						
Other – Describe:										

OKLAHOMA CLANDESTINE LAB TRACKER REPORT - CONTINUED

XII Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)

Type (Handgun, Rifle, etc.)	Number	Serial No.	Description (Make, Model, & Caliber)

Booby Trap – Describe:

XIII Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)

Amphetamine	_____ Amt	LSD	_____ Amt	Methcathinone	_____ Amt
Cocaine	_____ Amt	MDMA	_____ Amt	PCP	_____ Amt
GHB/GBL	_____ Amt	Methamphetamine	_____ Amt	Other – Describe:	_____ Amt

XIV Precursor/Chemical Source (If more than one precursor, continue in Remarks Section)

Specify Precursor: _____ Source: Chemical Company Convenience Store Retail Outlet Unknown

Store Name: _____ City: _____ State: _____ Country: _____ Other – Describe: _____

XV Precursor Agents/Catalysts/Solvents/Reagents Seized (Check all that apply/Specify unit of measure)

Precursor Agents (If Ephedrine or Pseudoephedrine is selected, Packaging category is mandatory)

Ephedrine						Pseudoephedrine					
Amt						Amt					
Packaging: *	<input type="checkbox"/> Unknown	<input type="checkbox"/> Bulk	<input type="checkbox"/> Tablets	<input type="checkbox"/> Blister Packs	<input type="checkbox"/>	Packaging: *	<input type="checkbox"/> Unknown	<input type="checkbox"/> Bulk	<input type="checkbox"/> Tablets	<input type="checkbox"/> Blister Packs	<input type="checkbox"/>
Source:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Source:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Canada	<input type="checkbox"/> Mexico	<input type="checkbox"/>	<input type="checkbox"/>

Brand Name(s): _____

Lot Number(s): _____

NOTE: Brand Names and Lot Numbers for chemicals other than ephedrine and pseudoephedrine should be entered in the Remarks Section.

Benzaldehyde	_____ Amt	GBL	_____ Amt	Piperidine	_____ Amt
Benzylchloride	_____ Amt	Methylamine	_____ Amt	P2P	_____ Amt
Benzylcyanide	_____ Amt	Phenylpropanolamine	_____ Amt	Other	_____ Amt

Catalysts/Solvents/Reagents

Acetone	_____ Amt	Hydriodic Acid (HI)	_____ Amt	PCC	_____ Amt
Alcohol	_____ Amt	Hydrochloric Acid (Muriatic)	_____ Amt	Phenylacetic Acid	_____ Amt
Aluminum	_____ Amt	Hydrogen Chloride Gas	_____ Amt	Potassium Metal	_____ Amt
Anhydrous Ammonia	_____ Amt	Hydrogen Gas	_____ Amt	Potassium Permanganate	_____ Amt
Benzene	_____ Amt	Hydrogen Peroxide	_____ Amt	Red Phosphorus	_____ Amt
Bromobenzene	_____ Amt	Hypophosphorous Acid	_____ Amt	Sodium Chloride (Salt)	_____ Amt
Caustic Soda	_____ Amt	Iodine (Crystals)	_____ ASD Amt	Sodium Cyanide	_____ Amt
Charcoal Lighter Fluid	_____ Amt	Iodine (Tincture)	_____ Amt	Sodium Dichromate	_____ Amt
Chloroform	_____ Amt	Lithium Metal	_____ Amt	Sodium Hydroxide (Lye)	_____ Amt
Chromium Trioxide	_____ Amt	Magnesium	_____ Amt	Sodium Metal	_____ Amt
Coleman/Camping Fuel	_____ Amt	Mercuric Chloride	_____ Amt	Sulfuric Acid	_____ Amt
Cyclohexanone	_____ Amt	Methanol	_____ Amt	Thionyl Chloride	_____ Amt
Ether	_____ Amt	Methyl Ethyl Ketone (MEK)	_____ Amt	Toluene	_____ Amt
Freon	_____ Amt	Methylsulfonylmethane (MSM)	_____ Amt	Other	_____ Amt
Grignard	_____ Amt	Naptha	_____ Amt		

XVI Criminal Affiliation (If applicable)

Asian Org Mexican Org Militia Group Outlaw Motorcycle Gang Traditional Organized Crime Middle Eastern Group

Other – Describe: _____ Organization/Gang/Group Name: _____

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OKLAHOMA CLANDESTINE LAB TRACKER REPORT - CONTINUED

XVII Suspect/Criminal Business/Criminal Vehicle Information

Suspect #1 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)	Street Name			Unit # (Apt)	Box #	
City		County			State	Country		Zip Code

Involvement (Role) and Identification Numbers

Cook/Chemist	Enforcer	Smuggler	Chemical Courier	Criminal Associate	
Distributor	Financier	Broker	Other – Describe:		

Social Security Number				Driver License Number/State			
FBI Number				Alien Registration Number			
NADDIS Number				Other Numbers			

Suspect #2 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)	Street Name			Unit # (Apt)	Box #	
City		County			State	Country		Zip Code

Involvement (Role) and Identification Numbers

Cook/Chemist	Enforcer	Smuggler	Chemical Courier	Criminal Associate	
Distributor	Financier	Broker	Other – Describe:		

Social Security Number				Driver License Number/State			
FBI Number				Alien Registration Number			
NADDIS Number				Other Numbers			

Suspect #3 Information

Last Name (Paternal)		Last Name (Maternal)		First Name			Middle Name			
Alias/Moniker				Generation (Jr, Sr, etc.)	Male	Female	Race		Nationality (US, MX, etc.)	
DOB (MMDDYYYY)		Alt DOB (MMDDYYYY)		Height	Weight (Lbs)	Hair Color	Eye Color	Arrested	Yes	No
Phone Type	Regular	Cell	Pager	Phone Number ()						

Suspect Residence Information

Street Number		Dir. (E,S, etc.)	Street Name			Unit # (Apt)	Box #	
City		County			State	Country		Zip Code

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OKLAHOMA CLANDESTINE LAB TRACKER REPORT - CONTINUED

Involvement (Role) and Identification Numbers

<input type="checkbox"/> Cook/Chemist	<input type="checkbox"/> Enforcer	<input type="checkbox"/> Smuggler	<input type="checkbox"/> Chemical Courier	<input type="checkbox"/> Criminal Associate
<input type="checkbox"/> Distributor	<input type="checkbox"/> Financier	<input type="checkbox"/> Broker	<input type="checkbox"/> Other – Describe:	
Social Security Number			Driver License Number/State	
FBI Number			Alien Registration Number	
NADDIS Number			Other Numbers	

Criminal Business Information (Include all a.k.a.'s)

Business Name:

Street Number	Dir. (E, S, etc.)	Street Name	Unit # (Apt)	Box #
City	County	State	Country	Zip Code
Phone Type	<input type="checkbox"/> Regular	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	Phone Number ()
NADDIS Number			Other Numbers (TECS, Case, etc.)	

Criminal Vehicle Information (If applicable)

License Plate Number	Temporary License Plate #	State	Country	Seized	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VIN Number	Type (Car, SUV, Pickup, etc.)	Make				
Model	Year	Owner Type	<input type="checkbox"/> Privately Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Other	

XVIII DEA Reporting Only

GDEP Identifier	<input type="checkbox"/> Special Operations Division Supported Case	DEA Office Identifier and Case Number if other than Reporting Office
Special Agent's Name* (First, Last)		Phone #* ()
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acknowledgement that the Clan Lab Seizure has been reported to CCF via a standard seizure form and submitted to the Division Asset Removal Group for processing and input into the Consolidated Asset Tracking System.

XIX Remarks Section

FAX	TOLL FREE ACCESS:	MAILING ADDRESS
405-524-7619	1-800-522-8031	Oklahoma Bureau Of Narcotics 440 N.E. 39 th Street Oklahoma City, OK 73105

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