

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 11/13/2011

Address: 307 E. Taylor

Case #: 16F-21063

Kokomo, IN

County: Howard

46901

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)

- Lithium/Ammonia Reaction(s): Stairway
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: hallway
 Water Reactive Metal (Lithium): Hallway
 Hydrochloric Acid Gas Generator(s): living room
 Anhydrous Ammonia: _____
 Corrosive Acid: Hallway
 Corrosive Base: Bathroom
 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: _____

This report has been faxed* to the following agencies that serve the location:

Fire Department: Kokomo FD Fax: 765-457-2636
Health Department: Howard Co. Health Dep Fax: 765-456-2417
Department of Child Services: N/a Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Mike Lorona Phone 765-473-6666

* 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.