

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 8-17-11

Address: 1260 KINTNER RD

Case #: 45-52925

CORYDON,IN

County: Harrison

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): _____
 Red Phosphorous/Iodine Reaction(s): GARAGE
 Flammable Solvents: KITCHEN,BEDROOM GARAGE
 Water Reactive Metal (Lithium): _____
 Hydrochloric Acid Gas Generator(s):
 Anhydrous Ammonia: _____
 Corrosive Acid: GARAGE
 Corrosive Base: GARAGE
 Other (item and location):RED P-BEDROOM

Child under age 18 discovered (check appropriate)

- Yes 1 (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: UNKNOWN
Additional Information: _____

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

Fire Department: HARRISON TWP

Fax: N/A

Health Department: HARRISON

Fax: 812-738-4292

Department of Child Services: HARRISON

Fax: 812-738-8166

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: K.SMITH

Phone 812-246-5424

* 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.