

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 10-25-11

Address: 229 SHADY DR.

Case #: 45F53158

NEW ALBANY, IN

County: FLOYD

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): TRUNK
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: TRUNK
 Water Reactive Metal (Lithium): TRUNK
 Hydrochloric Acid Gas Generator(s): TRUNK
 Anhydrous Ammonia: _____
 Corrosive Acid: TRUNK
 Corrosive Base: TRUNK
 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: NEW ALBANY FIRE DEPT Fax: 812-948-5312
Health Department: FLOYD COUNTY Fax: 812-948-2208
Department of Child Services: N/A Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: KATRINA 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.