

Indiana State Police Methamphetamine Laboratory Occurrence Report

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

Date: 5-27-11

Address: 838 EAST ST.

Case #: ~~42F32227~~ 42F32427

MADISON, IN

County: JEFFERSON

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): BEDROOM
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: BEDROOM
 Water Reactive Metal (Lithium): _____
 Hydrochloric Acid Gas Generator(s): BEDROOM
 Anhydrous Ammonia: _____
 Corrosive Acid: LAUNDRY ROOM, TRASH IN KITCHEN
 Corrosive Base: BEDROOM
 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: MADISON

Fax: 812-265-8350

Health Department: JEFFERSON CO

Fax: 812-273-1955

Department of Child Services: JEFFERSON

Fax: N/A

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.