## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-14-13	Address:	<b>370 YANDES STREET</b>	
Incident #:	13ISPC007923		FRANKLIN, IN 46131	
County:	JOHNSON			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Operationa	Glassware/Equipment (only)	Residence Outbuilding Vehicle	<ul> <li>Hotel/Motel</li> <li>Open – No Structure</li> <li>Other:</li> </ul>	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that a $\bigcirc$ One Pot or	apply) Birch Reaction(s): <u>KITCHEN</u>			
Red Phosp	horous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>KITCHEN</u>				
🛛 Flammable	e Solvents: <u>KITCHEN</u>			
🛛 Water Read	ctive Metal (Lithium): KITCHEN			
Anhydrous	Ammonia: <u>KITCHEN</u>			
Corrosive A	Acid: <u>KITCHE; BATHROOM</u>			
	Base:			
Other (item	n and location):			
Vehicle Inform	mation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ⊠ No	<b>age 18 discovered</b> (check appropriate) (number present) ot present but evidence they reside	Unclean Estimated leng occurring: <u>241</u>	ons of home: clean disarray gth of time manufacturing had been <u>HRS</u> formation:	

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department City, Township or County FRANKLIN FI	D Fax: <u>317-736-3650</u>
Health Department County: JOHNSON COUNTY	Fax: <u>317-736-3770</u>
Department of Child Services Hotline: dcshotlinereports@c	lcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>MIKE MCCREARY</u> Phone 317-899-8577

\*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.