

South Bend Police Dept. Clandestine Laboratory Occurrence Report

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

Date: 07-10-14
Incident #: 14-0604NB
County: St. Joseph

Street: 946 S. 26th
Apt, Lot, Room #:
City: South Bend, IN

Type of Laboratory Seizure (check one)

- Lab Seizure
 Chemical Seizure
 Equipment Seizure
 Dumpsite Seizure

Seizure Location (check all that apply)

- Residence Hotel/Motel
 Outbuilding Open – No Structure
 Vehicle Business
 Other: items outside, but may have been in house

Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- One Pot or Birch Reaction(s): _____
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): _____
 Flammable Solvents: in kitty litter container
 Water Reactive Metal (Lithium): _____
- Anhydrous Ammonia: _____
 Corrosive Acid: near garage
 Corrosive Base: in kitty litter container
 Ammonium Nitrate/Sulfate: _____
 Other (item and location): _____

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: unk

Additional Information: Items found outside, but approximately 10 days ago a suspected meth cook happening in residence. 3 children present at that time. Suspect(s) were kicked out by renter then, but returned today and attempted to gain entry. Officers were called, and suspects were gone prior to arrival. Their items were confiscated. only 1 child present today - no cook today.

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____ Make: _____
VIN: _____ Model: _____
Year: _____ Color: _____

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

Fire Department: South Bend Fire Dept. Fax: 574-235-9305
Health Department County: St. Joe County Fax: 574-235-9497
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Sgt. Mike Suth PN 438 Phone 574-339-0127

*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.