

Indiana State Police Clandestine Laboratory Occurrence Report

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

Date: 05-15-2014 **Street:** 2501 E. NORTH ST
Incident #: 14ISPC004054 **Apt, Lot, Room #:**
County: NOBLE **City:** KENDALLVILLE, IN. 46755

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: _____

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): _____ Anhydrous Ammonia: _____
 Red Phosphorous/Iodine Reaction(s): _____ Corrosive Acid: _____
 Hydrochloric Acid Gas Generator(s): _____ Corrosive Base: CAR
 Flammable Solvents: CAR Ammonium Nitrate/Sulfate: CAR
 Water Reactive Metal (Lithium): _____ 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: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: VICKI JACKSON Make: CHRYSLER
VIN: 3C3EL45H7YT292624 Model: SEBRING
Year: 2000 Color: BROWN

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

Fire Department: KENDALLVILLE FD Fax: E-MAILED
Health Department County: NOBLE CO Fax: E-MAILED
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: ANDREW SMITH Phone 260-432-8661

*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.