|                                      |   |   |                |                     |              |            |          |                | - 11                    | LOID           | $\sim$ | IT/INIX/I            | CT                |              |   |                               |                              |                  |                  |                  |                  |         |
|--------------------------------------|---|---|----------------|---------------------|--------------|------------|----------|----------------|-------------------------|----------------|--------|----------------------|-------------------|--------------|---|-------------------------------|------------------------------|------------------|------------------|------------------|------------------|---------|
|                                      | Agency Name   |   |                |                     |              |            |          |                | INCIDENT/INVESTIGATION  |                |        |                      |                   |              | C   | Case# 2022-029781             |                              |                  |                  |                  |                  |         |
|                                      | Wilmington Police Department  |   |                |                     |              |            |          | _              | REPORT                  |                |        |                      |                   | D            | Date / Time Reported 11/24/2022 02:46 Thu |                               |                              |                  |                  |                  |                  |         |
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T | ORI NC 0650200  |   |                |                     |              |            |          |                |                         |                |        |                      |                   | La           | Last Known Secure                         |                               |                              |                  | 1 hu             |                  |                  |         |
|                                      | Location of Incident  |   |                |                     |              |            |          |                | Gang Relat Premise Type |                |        |                      | Zone/Tract        |              |   | t                             | 11/24/2022 01:00<br>At Found |                  |                  |                  | Thu              |         |
|                                      | 711 Nun St, Wilmington NC   |   |                |                     |              |            |          |                | .F. Residence/hor       |                |        | ?/hom                | <i>ie</i> 3A, 116 |              |   |                               | 11/24/2022                   |                  |                  | 02:46<br>Activit |                  |         |
|                                      | #1 Crime Incident(s)  **Dreath Investigation**                                    |   |                |                     |              | ((         | Com )    | Weapon / Tools |                         |                |        | TE '                 |                   |              |   |                               |                              |                  | Activit          | . y              |                  |         |
|                                      |   | <i>d</i> 06   |                |                     |              |            |          |                |                         | Entry          |        |                      |                   | Exit         |   |                               | Security                     |                  |                  |                  |                  |         |
| D<br>A                               | #2 Crime Incident .FF.  |   |                |                     |              |            |          | (              | )                       | Weapon / Tools |        |                      |                   |              |   |                               |                              |                  |                  | Activit          | ty               |         |
| T<br>A                               |   |   |                |                     |              |            |          |                |                         | Entry          |        |                      |                   | Exit         |   |                               |                              | Security         |                  |                  |                  |         |
|                                      | #3 Crime Incident .F.   |   |                |                     |              |            | (        | )              | Weapon / Tools          |                |        |                      |                   |              |   |                               |                              |                  | Activit          | У                |                  |         |
|                                      | .F.   |   |                |                     |              |            |          | Entry Ex       |                         |                |        | Exit                 | Exit Security     |              |   |                               | rity                         |                  |                  |                  |                  |         |
| МО                                   | Ac  | сотр  | lice/No        | ne                  |              |            |          |                |                         |                |        |                      |                   | •            |   |                               |                              |                  |                  |                  |                  |         |
|                                      | # 64  | # of Victims 1 Type: INDIVIDUAL (NOT A LE OFFICER) Injury: Domestic: NO |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| V<br>I                               | # of Victims I Type: INDIVIDUAL (NOT A Victim/Business Name (Last, First, Middle) |   |                |                     |              |            |          |                |                         |                |        | Victim of            |                   |              |   | Sex                           | Relation                     | onship           |                  |                  |                  | itary   |
|                                      | V1 MITTCHELL, CATHRINE  |   |                |                     |              |            |          |                |                         |                |        | Crime #   1,         | 1931<br>Age 91    |              | 117                                       | $W \mid_F \mid^{\mathrm{To}}$ |                              | fender           | Non-Re           | ai dar           | Branch           | /Status |
| C                                    | Home Address  |   |                |                     |              |            |          |                |                         |                |        |                      | Emai              |              |   | Γ                             |                              |                  |                  | Hon              | ne Phone         |         |
| T<br>I                               | 24  | 45 C  | RESTV          | /IEW AVE,           | ınce, O      |            |          |                |                         | l p            |        |                      |                   | a Dhana      |   |                               |                              | 30-428-          |                  |                  |                  |         |
| M                                    | Employer Name/Address   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              | Business Ph                               |                               |                              | one              |                  |                  | toone i none     |         |
|                                      | VYR Make Model Style C  |   |                |                     |              |            |          |                | or                      |                | Li     | c/Lis                |                   |              | VIN                                       |                               |                              |                  |                  |                  |                  |         |
| 0                                    | CC  | DES:  | V- Vio         | ctim (Denote V      | 2, V3        | ) WI       | = Witnes | ss IO          | = Invo                  | olved (        | Other  | RP = I               | Reporti           | ing Persor   | ı (if ot                                  | ner th                        | nan victi                    | im)              |                  |                  |                  |         |
|                                      | Ту  | pe:   |                |                     |              |            |          |                |                         |                |        | Injury               |                   |              | _   | ~                             |                              |                  |                  |                  |                  |         |
| T<br>H                               | Code Name (Last, First, Middle) Victim of Crime #                                 |   |                |                     |              |            |          |                |                         |                | Ι      | OOB                  |                   |              |   |                               |                              | s Mili<br>Branch | itary<br>/Status |                  |                  |         |
| E<br>R                               | Homo Address  |   |                |                     |              |            |          |                |                         |                |        |                      |                   | Age<br>Email |   |                               |                              |                  |                  | LIIon            | ne Phone         |         |
| S                                    | Home Address  |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| I                                    | Employer Name/Address Business Phone  |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   | Mobile Phone                  |                              |                  |                  |                  |                  |         |
| N                                    | Ту  | pe:   |                |                     |              |            |          |                |                         |                |        | Injury               | :                 |              | _   |                               |                              |                  |                  | I                |                  |         |
| V<br>O                               | Code Name (Last, First, Middle)   |   |                |                     |              |            |          |                |                         |                |        | Victim of<br>Crime # | DOB I             |              | Race                                      |                               |                              | onship<br>fender | Resident         | Statu            | s Mili<br>Branch |         |
| L<br>V                               |   |   |                |                     |              |            |          |                |                         |                |        |                      | Age               |              |   |                               |                              |                  |                  |                  |                  |         |
| E<br>D                               | Home Address  |   |                |                     |              |            |          |                |                         |                |        |                      |                   | Email        |   |                               |                              | Hoi              |                  |                  | ne Phone         |         |
| D                                    | Employer Name/Address   |   |                |                     |              |            |          |                |                         |                |        |                      | Business P        |              |   |                               | s Phone                      | none Mo          |                  |                  | ile Phone        | ;       |
|                                      | 1 =   | None  | e 2 = B        | Surned $3 = Cc$     | ounter       | feit / For | ged 4    | = Dama         | aged /                  | Vanda          | lized  | 5 = Reco             | vered             | 6 = Seize    | ed 7:                                     | = Sto                         | olen 8 =                     | = Unkn           | iown             |                  |                  |         |
|                                      | ("OJ" = Recovered for Other Jurisdiction)   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              | 1   |                               |                              |                  |                  |                  |                  |         |
|                                      | VI # Code Status Frm/To Value OJ QTY  |   |                |                     |              |            |          | I              | Property Description    |                |        |                      |                   | Make/Mod     |   |                               |                              | 1 Se             |                  |                  | ial Numbe        | er      |
|                                      |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| P                                    |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| R<br>O                               |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| P<br>E                               |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| R<br>T                               |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
| Y                                    |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  | _                |                  |                  |         |
|                                      |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
|                                      |   |   |                |                     |              |            |          |                |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
|                                      | Off   | icer/I  | <u> </u><br>D# | MAGONG              | 1/ /         | TID 37     | U/D\ /P  | 24212          | 11)                     |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |
|                                      |   | est ID  |                | MASON, S. SHORT, D. |              |            |          |                |                         |                |        |                      |                   | Supervi      | sor                                       | RF                            | RRIO                         | G $P$            | . (UP, N         | WR)              | (PR59/)          | 121     |
| Status                               |   |   | ant Sign       |                     | <i>L</i> . ( | JID, VI    | Ca       | ase Stati      | us                      |                |        |                      | • • •             | Case Di      |   |                               | 11110,                       | U. A.            | . (01,11         |                  | Page             |         |
| Juius                                | Unfounded 12/01/2022 Page   |   |                |                     |              |            |          | - 1            |                         |                |        |                      |                   |              |   |                               |                              |                  |                  |                  |                  |         |

## **Incident Report Additional Name List**

Wilmington Police Department

OCA: 2022-029781

## Additional Name List

| Name Code/#        | Name (Last, First, Middle) | Victim of Crime # DOB Age Race Sex |
|--------------------|----------------------------|------------------------------------|
| 1) WI 2            | RESTRICTED                 | 0                                  |
| Restricted Address |                            | Н:                                 |
| Empl/Addr          |                            | В:                                 |
|                    |                            | Mobile #:                          |
| <b>2</b> ) WI 1    | RESTRICTED                 | o                                  |
| Restricted Address |                            | Н:                                 |
| Empl/Addr          |                            | В:                                 |
|                    |                            | <b>Mobile #:</b>                   |
| 3) WI 3            | RESTRICTED                 | 0                                  |
| Restricted Address |                            | Н:                                 |
| Empl/Addr          |                            | B:                                 |
|                    |                            | Mobile #:                          |