

Agency Name  
SCOTLAND COUNTY SHERIFF

ORI  
NC0830000

# INCIDENT/INVESTIGATION REPORT

Incident Number  
2021-033537

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
 09 | 17 | 2021 | 6:28 Hrs.

INCIDENT DATA

<b>#1</b>	Crime / Incident(s) 35A - PWIMSD Schedule I (Fentanyl)	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 09   17   2021   6:25 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 09   17   2021   6:00 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
	<b>#2</b>	Crime Incident 35A - PWIMSD Schedule I (Heroin)	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Location of Incident 19140 HARDEE RD, LAUREL HILL, NC 28351		Offense Tract
	<b>#3</b>	Crime Incident 35A - PWIMSD Schedule II (Methamphetamine)	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Location/Premise 20 - Residence/Home		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO

How Attacked or Committed  
By executing a search warrant and arresting subjects for possession of narcotics.

Method Of Entry  Force  No Force

Weapon / Tools  
40-Personal Weapons (Hands, Fists, Feet, Teeth, etc.)

VICTIM

# of Victims 1	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unk	Injury: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No
<b>V1</b>	Victim/Business Name (Last, First, Middle) State of North Carolina	Victim of Crime # 2,3,4,5,6	DOB / Age Race Sex Relationship To Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address		Home Phone	
Employer Name/Address		Business Phone	
VYR	Make	Model	Style
	Color	Lic/Lis	Vin

OTHERS INVOLVED

CODES: V = Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  Other/Unknown

Code <b>RO</b>	Name (Last, First, Middle) Morton, Det. Donald	Victim of Crime #	DOB / Age 10/31/1985   35	Race W	Sex M
Home Address 212 Biggs Street, LAURINBURG, NC 28353		Home Phone (910) 276-3385			
Employer Name/Address Scotland County Sheriff's Office - 212 Biggs Street, LAURINBURG, NC 28353		Business Phone (910) 276-3385			
Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown					
Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex

**CONTINUATION PAGE**

1. AGENCY SCOTLAND COUNTY SHERIFF		2. ORI NC0830000		3. CONTINUATION TO: <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> ARREST <input type="checkbox"/> SUPPLEMENTARY INV.		4. INCIDENT FILE NO. 2021-033537	
Officer Name / ID Sgt/Det Donald R. Morton, Jr - 112				Officer Signature			Page <u>12</u> of <u>12</u>

**Suspect(s)**

Name (Last, First, Middle) Phillips, Thomas Ryan				Alias or Nickname				Home Address 10560 Carlyle Ct, LAUREL HILL, NC 28351			
Occupation Unemployed				Business Address							
DOB / Age 06/03/1992   29		Race W	Sex M	Height 6'01"	Weight 185	Build MED	Hair Color BRO	Hair Style STR	Hair Length SRT	Eye Color BRO	
Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)											
Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes				
Was Suspect Armed? No	Type of Weapon 99 - None			Direction of Travel			Mode of Travel				

1. AGENCY  
2. ORI  
3. CONTINUATION TO:  
4. INCIDENT FILE NO.

Name (Last, First, Middle)  
Alias or Nickname  
Home Address  
Occupation  
Business Address  
DOB / Age  
Race  
Sex  
Height  
Weight  
Build  
Hair Color  
Hair Style  
Hair Length  
Eye Color  
Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)  
Hat  
Jacket  
Shirt/Blouse  
Tie/Scarf  
Coat/Suit  
Pants/Dress/Skirt  
Socks  
Shoes  
Was Suspect Armed?  
Type of Weapon  
Direction of Travel  
Mode of Travel

Agency Name  
**SCOTLAND COUNTY SHERIFF**  
 ORI  
**NC0830000**

APPROVED  
**INCIDENT/INVESTIGATION  
 REPORT**

Incident Number  
**2021-033558**  
 Date / Time Reported **S M T W T (F) S**  
 Month Day Yr Time  
**09 17 2021 8:43** Hrs

INCIDENT DATA

<b>#1</b>	Crime / Incident(s) <b>CFS - Overdose</b>	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time <b>09 17 2021 8:42</b> Hrs	<b>S M T W T (F) S</b>	Last Known Secure Month Day Yr Time <b>09 17 2021 8:40</b> Hrs	<b>S M T W T (F) S</b>
	<b>#2</b>	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location of Incident <b>Scotland County Sheriff's Dept - 212 BIGGS ST, LAURINB</b>		Offense Tract <b>East</b>
	<b>#3</b>	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location/Premise <b>11 - Government/Public Building</b>		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family

MO

How Attacked or Committed  
**By Accidentally Injesting Fentanyl**

Method Of Entry  Force  No Force

Weapon / Tools

VICTIM

# of Victims <b>2</b>	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input checked="" type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unk	Injury: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No				
<b>V1</b>	Victim/Business Name (Last, First, Middle) <b>MCKEE, SHONRELL</b>	Victim of Crime # <b>1</b>	DOB / Age <b>03/01/1995   26</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender <b>OK/1</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address <b>212 BIGGS STREET, LAURINBURG, NC 28353</b>						Home Phone	
Employer Name/Address <b>SCOTLAND COUNTY SHERIFF OFFICE</b>						Business Phone	
YVR	Make	Model	Style	Color	Lic/Lis	Vin	

OTHERS INVOLVED

CODES: V = Victim (Denote V2, V3)    O = Owner (if other than victim)    R = Reporting Person (if other than victim)

Type:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  Other/Unknown

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex
<b>V2</b>	<b>Morton, Daniel Ray</b>		<b>10/31/1984   36</b>	<b>W</b>	<b>M</b>
Home Address <b>212 Biggs St., LAURINBURG, NC 28353</b>					
Employer Name/Address					
Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown					
Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex
Home Address					
Employer Name/Address					

STATUS

1 = None    2 = Burned    3 = Counterfeit / Forged    4 = Damaged    5 = Recovered    6 = Seized    7 = Stolen    8 = Unknown  
 (Check "OJ" column if recovered for other jurisdiction)

PROPERTY

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number

ID

Officer Name <b>Lt/Det Amanda A. Williams</b>	ID# <b>115</b>	Officer Signature	Supervisor Signature
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STATUS

Complainant Signature	Case Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Closed by Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed by Exception <input type="checkbox"/> Located (Missing Person and Runaways only) <input type="checkbox"/> Closed by Other Means	Exceptional Clearance: <input type="checkbox"/> Death of Offender <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Prosecution Declined <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> In Custody of Other Jurisdiction <input type="checkbox"/> Victim Refuse to Cooperate	Page <u>1</u> of <u>4</u>
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# ARREST REPORT

AGENCY INFO.	Agency Name <b>SCOTLAND COUNTY SHERIFF</b>		ORI <b>NC0830000</b>	Arrest Date/Time Mo Date Year <b>09   17   2021   6:28</b> Hrs.		Incident Number <b>2021-033537</b>			
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract	Residence Tract		Arrest Number <b>1</b>			
ARRESTEE INFORMATION	Name (Last, First, Middle) <b>Morgan, Kevin Eugene</b>			D.O.B. <b>01/26/1973</b>	Age <b>48</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>NC</b>	Country of Citizenship <b>US</b>
	Current Address <b>19140 Hardee Street, LAUREL HILL, NC 28351</b>			Phone <b>(000) 000-0000</b>		Occupation <b>Unemployed</b>		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident	
	Employer's Name			Address			Phone		
	Also Known As (Alias Names)			Hgt <b>5'08"</b>	Wgt <b>150</b>	Hair <b>BRO</b>	Eye <b>BRO</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
	Scars, Marks, Tattoos			Social Security # <b>125-76-1389</b>		OLN and State <b>8140327   NC</b>		Misc. # and Type	
	Nearest Relative Name			Address			Phone		
ARREST INFO.	If Armed, Type of Weapon <b>01 - Unarmed</b>		<input checked="" type="checkbox"/> On-View Arrest <input type="checkbox"/> Taken Into Custody <input type="checkbox"/> Summoned/Cited		Place of Arrest <b>19140 Hardee Street, LAUREL HILL, NC 28351</b>				
	Charge #1 <b>PWIMSD Schedule I (Heroin)</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>35A</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date Mo Date Yr <b>09   17   2021</b>	
	Charge #2 <b>PWIMSD Schedule I (Fentanyl)</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>35A</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date Mo Date Yr <b>09   17   2021</b>	
	Charge #3 <b>PWIMSD Schedule IV (Klonopin)</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>35A</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>90-95(A)(1)</b>	Warr. Date Mo Date Yr <b>09   17   2021</b>	
VEH. INFO.	VYR	Make	Model	Style	Color	Lic/Lis	Vin		
	Vehicle: 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ Hrs. _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of Storage _____ Inventory on File? _____								
CONFINED BOND INFO.	Date/Time Confined <b>09/17/2021 8:00</b> Hrs.		Place Confined <b>Scotland County Jail</b>			Committing Magistrate <b>Nobles</b>			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Amt. Bond <b>\$250,000</b>	Trial Date <b>09/20/2021</b>	Court of <b>District</b>		City <b>LAURINBURG</b>		
	Assisting Officer Name/ID Number <b>Sgt/Det Ronald B. Locklear - 111</b>				Released By: Name/Dept/ID		Date/Time Released Hrs.		
COM-PLAIN-ANT	Name: Complainant <input checked="" type="checkbox"/> Victim <input type="checkbox"/>			Address: <b>212 Biggs Street, LAURINBURG, NC 28353</b>			Phone: <b>(910) 276-3385</b>		
	Morton, Det. Donald								
NARRATIVE	Subject was arrested during the execution of a search warrant. Subject possessed narcotics during execution. See incident report for more information.								
Arresting Officer Signature/ID # <b>Sgt/Det Donald R. Morton, Jr   112</b>			Supervisor Signature			Arrestee Signature			

**CONTINUATION PAGE**

<b>1. AGENCY</b> SCOTLAND COUNTY SHERIFF	<b>2. ORI</b> NC0830000	<b>3. CONTINUATION TO:</b> <input type="checkbox"/> INVESTIGATION <input checked="" type="checkbox"/> ARREST <input type="checkbox"/> SUPPLEMENTARY INV.	<b>4. INCIDENT FILE NO.</b> 2021-033537 - 1
<b>Officer Name / ID</b> Sgt/Det Donald R. Morton, Jr - 112	<b>Officer Signature</b>		Page <u>2</u> of <u>2</u>

**Offense/Charge(s)**

Charge #	Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)	Statute #	Warr. Date		
						Mo	Date	Yr
Charge #4 PWIMSD Schedule II (Methamphetamine)	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	1	35A		90-95(A)(1)	09	17	2021
Charge #5 MAINTN VEH/DWELLPLACE CS (F)	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	1	35A		GS 90-108(A)(7)	09	17	2021
Charge #6 possession of drug paraphernalia	<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	1	35B		90-113.22	09	17	2021

1. AGENCY  
SCOTLAND COUNTY SHERIFF  
Officer Name / ID  
Sgt/Det Donald R. Morton, Jr - 112

Charge #4  
PWIMSD Schedule II  
(Methamphetamine)

Charge #5  
MAINTN VEH/DWELLPLACE CS  
(F)

Charge #6  
possession of drug paraphernalia

