

**SAN DIEGO POLICE DEPARTMENT
ARREST/JUVENILE CONTACT REPORT**

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| REPORT <input checked="" type="checkbox"/> ARREST REPORT <input type="checkbox"/> NOTIFY WARRANT <input type="checkbox"/> JUVENILE CONTACT | PAGE OF <u>1/2</u> | BOOKING NUMBER SAN DIEGO NUMBER JUVENILE FILE NUMBER |
|---|--------------------|--|

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|---|--|--|---|--------------------|--|--|--|--|-------------------|--|--------------------|--------------------|----------------------------------|
| CHARGE(S) 273.5 P.C. FLEAMY SPOUSE BEATING (WIFE) | | | | | | | | | | | | | |
| PERSON ARRESTED (LAST, FIRST, MIDDLE) NEWTON LAWRENCE WAYNE | | | NICKNAME/AKA _____ | | RACE N | SEX M | AGE 27 | HT. 5-10 | WT. 165 | BUILD MUSC | HAIR BLK | EYES BRN | DATE OF BIRTH 10/18/54 |
| ADDRESS 4138 WINONA | | | CITY SD | STATE CA | RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TIME IN JRS 27 | CLOTHING DESCRIPTION BLACK STRIPED WHITE PANTS | | | | | | |
| OCCUPATION ENGINEER | | | EMPLOYER/RATE BALBOA HOSPITAL | | | MILITARY SERVICE NO./SSN 456-06-2977 | | DRIVERS LIC. NUMBER N 3289502 | | TELEPHONE NUMBER 280-1888 | | | |
| IS SUBJECT A SUSPECTED USER OF NARCOTICS/DRUGS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | INTERPRETER REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | ILLEGAL ALIEN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | SUSPECT'S RELATION TO VICTIM(S) _____ | | RELATIVE ACQUAINTANCE STRANGER <input type="checkbox"/> | | | |

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|--|--|--|--|---|--|---|--|-------------------|--|-------------------------|---------------------|
| LOCATION OF ARREST 4138 WINONA | | | | DATE 04/28/82 | TIME 2240 | LOCATION OF OCCURENCE 4138 WINONA | | | | DATE 04/28/82 | TIME 2240 |
| CITIZEN ARRESTED BY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> L.S. AURECH | | ADMONISHED BY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> L.S. AURECH | | WAIVER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | STATEMENT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | DIVISION (ON BEAT NO.) E-20 315 | | DISTRICT _____ | | | |

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|--------------------------|--|---------|------------------------------------|---|------|------------|------|------------|--------|-----|---------|
| LIVES WITH | | ADDRESS | | HOME PHONE | | BUS. PHONE | | RES. BEAT | | | |
| FATHER/STEPFATHER'S NAME | | ADDRESS | | EMPLOYER | | HOME PHONE | | BUS. PHONE | | | |
| MOTHER/STEPMOTHER'S NAME | | ADDRESS | | EMPLOYER | | HOME PHONE | | BUS. PHONE | | | |
| SCHOOL | | GRADE | PARENTS NOTIFIED BY: WHOM, AND HOW | | | | DATE | TIME | | | |
| DISPOSITION OF JUVENILE | | | | JUVENILE UNIT DISPOSITION (INVESTIGATOR ONLY) | INF. | DIV. | PO | JH | PARENT | RTN | CLEARED |

| | | | | | | | |
|---|--|---|--|--|---|--|---|
| HAIR LGTH/TYPE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> BALD <input type="checkbox"/> COLLAR <input type="checkbox"/> LONG <input checked="" type="checkbox"/> SHORT <input type="checkbox"/> SHOULDER <input type="checkbox"/> COURSE <input type="checkbox"/> FINE <input type="checkbox"/> THICK <input type="checkbox"/> THINNING <input type="checkbox"/> WIRY <input type="checkbox"/> OTHER: | HAIR STYLE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> AFRO/NAT. <input type="checkbox"/> BRAIDED <input type="checkbox"/> BUSHY <input type="checkbox"/> GREASY <input type="checkbox"/> MILITARY <input type="checkbox"/> PONYTAIL <input type="checkbox"/> PROCESSED <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY <input type="checkbox"/> WIG <input type="checkbox"/> OTHER: | FACIAL HAIR <input type="checkbox"/> UNKNOWN <input type="checkbox"/> CLEAN SHAVE <input type="checkbox"/> FULL BEARD <input type="checkbox"/> FU MARCHU <input type="checkbox"/> GOATEE <input type="checkbox"/> LOWER LIP <input checked="" type="checkbox"/> MUSTACHE <input type="checkbox"/> NONE/FUZZ <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> VAN DYKE <input type="checkbox"/> OTHER: | COMPLEXION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ACNE <input checked="" type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> PALE <input type="checkbox"/> POKED <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW <input type="checkbox"/> TANNED <input type="checkbox"/> OTHER: | GENERAL APPEARANCE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> CASUAL <input type="checkbox"/> DIRTY <input type="checkbox"/> DISGUISE <input type="checkbox"/> FLASHY <input type="checkbox"/> GOOD-LOOKING <input type="checkbox"/> MILITARY <input type="checkbox"/> UNKEMPT <input type="checkbox"/> UNUSUAL ODOR <input type="checkbox"/> WELL GROCHED <input type="checkbox"/> OTHER: | SPEECH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ACCENT <input type="checkbox"/> LISPS <input type="checkbox"/> MUMBLES <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> QUIET <input type="checkbox"/> RAPID <input type="checkbox"/> SLOW <input type="checkbox"/> STUTTERS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> OTHER: | VOICE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DISGUISED <input type="checkbox"/> HIGH PITCH <input type="checkbox"/> LOUD <input type="checkbox"/> LOW PITCH <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MONOTONE <input type="checkbox"/> NASAL <input type="checkbox"/> PLEASANT <input type="checkbox"/> RASPY <input type="checkbox"/> SOFT <input type="checkbox"/> OTHER: | DEFENSE MEASURES <input type="checkbox"/> NA <input type="checkbox"/> NONE <input type="checkbox"/> COME ALONG <input type="checkbox"/> SLEEPER <input type="checkbox"/> MACE <input type="checkbox"/> BATON <input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER: BY OFFICER ID# _____ |
|---|--|---|--|--|---|--|---|

FURTHER SUSPECT DESCRIPTION (I.E., GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, MANNERISMS, ETC.)

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|--|------|-------|-------------|------------|--|-------------|
| VEHICLE: YEAR | MAKE | MODEL | COLOR/COLOR | BODY STYLE | LICENSE NO. | STATE |
| ADDITIONAL VEHICLE IDENTIFIERS (DAMAGE, CHROME WHEELS, ETC.) | | | | | VEHICLE <input type="checkbox"/> YES IMPOUNDED <input checked="" type="checkbox"/> NO | DISPOSITION |

| | | | |
|---|-------------------|---|---|
| EVIDENCE OR PROPERTY IMPOUNDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PROPERTY TAG NOS. | COMPLAINS OF ILLNESS OR INJURY EXPLAIN IF YES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | EVIDENCE OF ILLNESS OR INJURY TREATED BY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| EVIDENCE ITEMIZED: WHERE FOUND, DISPOSITION | | | |

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|---------------------------------------|-------------------------------|-------------------|--------------------|------------------------------------|-------------------------------|------|
| V.I.P. # NEWTON, VOLANDA F. | ADDRESS 4138 WINONA | CITY SD | STATE CA | RESIDENCE PHONE 280-1888 | BUS. PHONE 279-1100 | EXT. |
| V.I.P. # MCCRARY, CARLY D. | ADDRESS SPTBN MCRD | CITY SD | STATE CA | RESIDENCE PHONE 252-3558 | BUS. PHONE UNKNOWN | EXT. |

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|------------|----------|---|-----|--------------------------|----------------------|---|--|
| COMPANIONS | | | | INVESTIGATOR INFORMATION | | | |
| #1 NAME | ARRESTED | A | DOB | J | DETECTIVE ASSIGNED | DEPUTY DISTRICT ATTORNEY | |
| #2 NAME | ARRESTED | A | DOB | J | CRIME REPORT OFFICER | REVIEWING DEP. DIST. ATTORNEY | |
| #3 NAME | ARRESTED | A | DOB | J | ARRESTING OFFICER | DEFENSE ATTORNEY | |
| #4 NAME | ARRESTED | A | DOB | J | CASE NUMBER | PROSECUTOR'S INFORMATION PG BF PNG J | |

| | | | | | | | | |
|--|---------------------|---------------------|-------------------------|-------------------------|--|--------------------------|---------------------------------------|--|
| ADM. REPORTING OFFICER L.S. AURECH | I.D. 2900 | RANK PO-2 | DIVISION E-20 | DAYS OFF TH/F | RELATED REPORTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | LIST TYPE CASE | REPORT APPROVED [Signature] | BOOKING APPROVED LT. ELLISON |
|--|---------------------|---------------------|-------------------------|-------------------------|--|--------------------------|---------------------------------------|--|

BOOKING
NUMBERJUVENILE
FILE NO.

NARRATIVE: AT 2245 HOURS I RESPONDED TO A FAMILY

FIGHT CALL AT 4138 WINDONA. UPON MY ARRIVAL I CONTACTED THE HUSBAND NEWTON LAWRENCE WHO STATED THAT HE HAD BEEN ARGUING WITH HIS WIFE ABOUT COOKING FOOD IN THE HOUSE AND USING THE GAS AND ELECTRIC UTILITIES. UPON CONTACTING OFFICER NITZ AT THE RESIDENCE HE ADVISED ME THAT THE WIFE HAD BEEN BEATEN ABOUT THE FACE AND HAD A BROKEN NOSE FROM A FIGHT WITH HER HUSBAND.

I PLACED NEWTON UNDER ARREST FOR FELONY WIFE BEATING.

NEWTON WAS ADVISED OF HIS CONSTITUTIONAL RIGHTS PER PD FORM 145.

NEWTON ANSWERED YES TO BOTH QUESTIONS 1 & 2.

NEWTON THEN MADE THE FOLLOWING STATEMENTS TO MY QUESTIONS:

Q = OFFICER

A = SUSPECT

Q = WHAT HAPPENED HERE TONIGHT?

A = I WAS COOKING A FRIED EGG AND EATING A PIECE OF CHICKEN WHEN MY WIFE GOT ALL OVER ME. I PAY ALL THE RENT AND SHE PAYS FOR THE UTILITIES. MY WIFE TOLD ME THAT SINCE I DIDN'T PAY ANY OF THE UTILITIES THAT I COULDN'T USE THE STOVE.

Q = WHAT HAPPENED NEXT?

A = SHE GOT ALL CRAZY AND JUMPED ON ME. I PULLED HER OFF ME.

Q = DID YOU HIT HER IN THE FACE?

A = NO I PULLED HER OFF ME I NEVER HIT HER I WAS TRYING TO GET AWAY FROM HER.

THE INTERVIEW WAS CONCLUDED AT THIS POINT. NEWTON WAS TRANSPORTED TO COUNTY JAIL (BY UNIT 3134 OFFICERS FLOR & STREETER) WHERE HE WAS BOOKED.

(SEE CASE # 82-030402 FOR FURTHER DETAILS)

CONTINUED

Check each reason for not releasing the subject with a written notice to appear. ADULTS ONLY

- _____ 1. The person arrested was so intoxicated that he could have been a danger to himself or to others.
- _____ 2. The person arrested required medical examination or medical care or was otherwise unable to care for his own safety.
- _____ 3. The person was arrested for one or more of the offenses listed in Section 40302 of the Vehicle Code.
- _____ 4. There were one or more outstanding arrest warrants for the person.
- _____ 5. The person could not provide satisfactory evidence of personal identification.
- _____ 6. The prosecution of the offense or offenses for which the person was arrested or the prosecution of any other offense or offenses would be jeopardized by immediate release of the person arrested.
- _____ 7. There was a reasonable likelihood that the offense or offenses would continue or resume, or that the safety of persons or property would be imminently endangered by release of the person arrested.
- _____ 8. The person arrested demanded to be taken before a magistrate or refused to sign the notice to appear.
- _____ 9. Any other reason: _____

NARRATIVE

MISD. ONLY